

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000050889 (1)**

1. Corporation Name

L & M INTERNATIONAL SERVICE CORPORATION

Principal Place of Business

Mailing Address

10300 S.W. 72ND ST.
SUITE 275
MIAMI FL 33173

10300 S.W. 72ND ST.
SUITE 275
MIAMI FL 33173



2. Principal Place of Business

2a. Mailing Address

21 10300 SW 72nd St #275
Suite, Apt. #, etc.

26 10300 SW 72nd St
Suite, Apt. #, etc.

22 Suite 275
City & State

27 Suite 275
City & State

23 Miami, FL 33173
Zip Country

28 Miami, FL 33173
Zip Country

24 33173

25 USA

29 33173

30 USA

9. Name and Address of Current Registered Agent

MORAGAS, ESTHER
8940 N.W. 24TH AVE.
MIAMI FL 33147

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

4. FEI Number

65-0591233

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Esther Moragas

(Signature typed or printed name of registered agent, if applicable)

4-26-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MORAGAS, ESTHER
8940 N.W. 24TH AVE.
MIAMI FL 33147

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Esther Moragas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

CR2E034 (12/95)