FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

10300 S.W. 72ND ST.

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

10300 S.W. 72ND ST.

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000050889 (1)

L & M INTERNATIONAL SERVICE CORPORATION

SUITE 275 SUITE 275 DO NOT WRITE IN THIS SPACE MIAM! FL 33173 MIAMI FL 33173 3. Date Incorporated or Qualified 06/29/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0591233 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MORAGAS, ESTHER 8940 N.W.2 4TH AVE Street Address (P.O. Box Number is Not Acceptable) 82 MIAM! FL 33147 83 City 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, or 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 (NO1± Registered Agent signature required when reinstating) Signature, typed or ponied name of registered agent and the if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD DELETE 1.1 TITLE Change Addition NAME MORAGAS, ESTHER 1.2 NAME 8940 N.W. 24TH AVE. STREET ADDRESS 13 STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP 1.4 CITY - 51 - 2IP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$T - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST- 21P CITY-ST-ZIP DELETE Change Addition 5.1 THLE TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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

5.2 NAME

61 TITLE

6.2 NAME .

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-\$1-ZIP

5.4 City - ST - ZiP

SIGNATURE: Extle Moracas

9/20/98 305-5986604

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***150.00

FILED

Apr 28 1998 8:00am

Secretary of State