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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

] (201901-110 160 1610) Alex Adel Barr Barr Barr Barr Barr Barr Barr

MAR. 27. 36: -40/-4530796

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

SIGNATURE:

P95000060096 (1)

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## LAMMAS INTERNATIONAL CORPORATION

Principal Place	e of Business	Mailing Address			<b>                                    </b>
4355 N INC COCOA FL	NAN RIVER DRIVE 32927	P.O. BOX 578 MELBOURNE FL 32902-0578			
2 Principal Pl	ace of Business			3. Date Incorporated or Qualified 08/03/1995	3a. Date of Last Report
	. Tropical Tr	2a. Mailing Address	_4	4. FEI Number	✗ Applied For
Suite, Apt.	#, etc.	26 P. O. Box Suite, Apt. #, etc.	541039	59-3328622	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & State City & Sta			····	6. Election Campaign Financing	Fee Required
23 Merri	tt Island, FL	28 Merritt I	sland, F	Trust Fund Contribution	\$5.00 May Be
Zip	Country	L Z <sup>i</sup> p	Country	8. This corporation has liability for in	Added to Fees
24 32952	[25]	29 32954	30	Florida Statutes  Yes	<b>XX</b> No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Ro	egistered Agent
*****			81 Name	Down dad II	
	RERN-JAI	Rern-jai Wang Address (P.O. Box Number is Not Acceptable	e)		
4333 M MONN MAEM TRUE				337 S. Tropical Tr.	
COCOA	FL 32927		83	•	
	_		84 City		ne Zio Code
11 Pursuant te	the provisions of Sections 602 0503	1 60 7 14 60 15 1 1 1	1 1 '	Merritt Island	FL 85 Zip Code 32952
or registere	ed agent, or both in Pie State of Florid	and 607.1508, Horida Statute a. Such change was authorize			ose of changing its registered office
familiar wit	h, and accept the obligations of, Seo o	on 607.0505, Florida Statutes.	y the conjuntations	orporation submits this statement for the purp board of directors. Thereby accept the appo	Pitment as registered agent. I am
SIGNATURE	Signature, byted or printed name of equipmed agent a	· <del>_</del>			MAR. 29.96:
12.	OFFICERS AND		F. Blug Stere J. Agent signatine i		DAIL
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	WANG, RERN-JAI		1.2 NAM:	D	Change Addition
STREET ADDRESS	4355 N INDIAN RIVER DRIVE			Wang, Rern-jai 337 S. Tropical Tr.	
CITY - ST - ZIP	COCOA FL 32927		: 1.4 CITY - ST - ZIP	33/ S. Tropical Tr	•
TITLE		☐ DELETE	2 1 THEF	Merritt Island FL	_32952
NAME			2 2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	3 1 Till_E		Change Addition
NAME			3.2 NAME		C ond age C And not
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4 C(TY-S1-Z)F		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STHELL ADDRESS		
CITY-ST-ZIP			4.4 CHTY - ST - ZHT		
IITLE		DELETE	5 1 TATLE		☐ Change ☐ Addition
NAME NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		ين رسم وسم وسم
CITY-ST-ZIP			5 4 CITY - ST ZIP	40000178 -04/22/960101	r984
		☐ DELETE	6 1 TITLE ·		Change Addition
IAME			6.2 NAME	***200.00	
STREET ADDRESS			6.3 STREET ADDRESS		
117-ST-ZIP	certify that the information areas = 3.3	L. Hain Et in	6 4 CHTY - ST - ZIP		
oath; that I a	the information indicated on this annual an an officer or director of the coregor alock 12 or Block 13 if changed, o on	ind to the condition on to inten	in report is true and add	ly for the exemption stated in Section 119.07 urate and that my signature shall have the sa this report as required by Chapter 607, Florid this report as required by Chapter 607, Florid	(3)(k), Florida Statutes I further the legal effect as if made under da Statutes; and that my name