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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1006

Secretary of State DIVISION OF CORPORATIONS

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DOCUI	MEN ^T	T# P9500	0061610 (8)						
		LTH SERVICES, INC	•	•						
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Principal Place	of Busine	SS	Mailing Address							
22 SW 132 CT			22 SW 132 CT							
MIAMI FL 33184			MIAMI FL 33184	•·· · · •·						
							3. Date Incorporated or Qualified 08/09/1995	3a. Date	of Last R	eport
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	_1		Applied For	
21 78.1 Suite, Apt.		Way Sing 135	26 Suite Act to als				65-0601384			Not Applicable
·········	*, etc. 3 5		Suite, Apt. #, etc.			Certificate of Status Desired			Additional Required	
City & State			City & State				6. Election Campaign Financing			O May Be
23 Mun	<u>i </u>		28				Trust Fund Contribution			d to Fees
Zip 24 3315		Country	Zip 29	├ ─¬	ıntry		8. This corporation has liability for Florida Statutes	intangible tax :	under s	199.032,
24 3313		ne and Address of Curren		30	1		10. Name and Address of New F			
					81	Name				
RODRIG			82	Street Add	Iress (P.O. Box Number is Not Acceptat	nle)		····		
22 SW 132 CT						Olicel Mod				
Miami F	FL 33184				83					
					84	City			85 Zij	p Code
or register	ed agent,⊸	isions of Sections 607.0502 or both, in the State of Floric cept the obligations of, Secti	da. Such change was autho	rized by the (ove-r	named corpo oration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of char ointment as r	ging its r agistered	egistered office I agent. I am
SIGNATURE		eo of printed according to the control			s Agen	nt Signature recipire	ad when reinstaling	DATE .	5/9	L
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFF			
TITLE	PVST		☐ DELETE	1, 1 7	1. 1 THTLE				Change	Addition
NAME		RIGUEZ, RAYMOND E		1.2 N						
STREET ADDRESS CITY-ST-ZIP	1	N 132 CT II FL 33184				ADDRESS				
TITLE	D mrow	II FL 03 104	☐ DELETE	2.11		IT - ZIP			Change	Addition
NAME	RODE	RIGUEZ, RAYMOND E	.—	2.2 N	AME			_	·	_
STREET ADDRESS	22 SI	W 132 CT		238	TREET	ADDRESS				
CITY-ST-ZIP	MIAM	I FL 33184	FIDELETE			T-ZIP				
TITLE NAME			☐ DELETE	3 1 1				L	Change	Addition
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CITY-SI-ZIP	ļ					T-ZIP				
TOLE	<u> </u>		☐ DELETE	4 1 T					Change	Addition
NAME				4 2 N	AME					
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STREET ADDRESS						ADDRESS				
CITY-S1-2IP						T-ZIP				
111L€			DELETE	611		1			Change	Addition
NAME				62 N	AME					
STREET ADDRESS	f			63.5	TREET	ADDRESS				

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAS PERMING OFFICER OR DIRECTOR

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. (30x) 362-0613