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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000065540 (3)

THE LAF COMPANY OF DADE, INC.

Principal Place of Business Mailing Address

12854 BISCAYNE BLVD 12854 BISCAYNE BLVD



Suito, Apt. #, etc	NORTH MIAMI FL 33181		NORTH MIAMI FL 33181						
Suito, Apt. #, etc.				•			3a. Date o	of Last F	Report
Salito, App. #, etc.		ace of Business	2a. Mailing Address						Applied For
27			- <del> </del> -			65-0606951	·		Not Applicable
28   29   29   20   20   20   20   20   20	22		- · · · ·			5. Certificate of Status Desired			
25	<u> </u>	•	<b> </b>	<del>~</del> 1			S5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent  FASSLER, ANNETTE 12854 BISCAYNE BLVD NORTH MIAMI FL 33181  81		— ·	<u> </u>	<b>}</b> —,	у			under s	199.032,
FASSLER, ANNETTE 12854 BISCAYNE BLVD NORTH MIAMI FL 33181  81  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 Orly  FL 85 Zip Code  84 Orly  FL 85 Zip Code  84 Orly  FL 85 Zip Code  85 Zip Code  86 Orly  FL 85 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City  FL 85 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City  85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Co								aent	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the aboven-mand or provision submits this statement for the purpose of changing its registered or registered approl, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered or registered approl, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approintment are registered approl, it is completed approl, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approintment are registered approl, it is completed approl, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approintment are registered approl, it is completed the origination of changing its sequence are not directors. Thereby accept the approintment are registered approximately and provide manufactures. Thereby accept the approintment are registered approximately accept the approximately acceptable acceptable acceptable acceptable acceptable acce				81	Name		•	•	
11. Pursuant to the provisions of Sections 607,0502 and 807,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, it is statement with, and cooper the obligations of, Sociology for 3056. Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent, it is statement with a support the obligations of, Sociology for 3056. Florida Statutes, the above named after registered agent, it is statement to the provisions of Statutes, the above named after registered agent. It is statement with a support to the obligation of the provisions of the obligation of the obli	FASSLE	ER, ANNETTE		83	Street Add	trace (P.O. Box Number is Not Acceptab	le)		
SIGNATURE	12854 E	BISCAYNE BLVD		Ľ		11033 (110.1 20.1 110.1			
Pursuant to the provisions of Sections 607.0502 and 607.1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's board of directors, thereby accept the appointment as registered agent. It is corporation's accept the appointment as registered agent. It is corporation.    12.	NORTH	MIAMI FL 33181		83	l				
Tripstered agent, or out, in the state or Frince. Such change was authorized by the corporation's board of orectors. Thereby accept the appointment as registered agent. I amiliar this part of the obligation of				84	City		<b></b>	85 Z	ip Code
TO TRUSTED ABORESS  OFFICERS AND DIRECTORS  DELETE  DE	11 Pursuant to	to the armiejane of Sections 607 0502	and 607 1609 Florida Statut	oo tha shave	nomad same	vation a physica this atalanast for the	<u>FL</u>	<u>LL</u>	
12.	SIGNATURE	Connelle tass	er presid	ens		•	1/15/	egistered 96	agent, I am
THE	***************************************				an ognobre require		CERS AND (	DIRECTO	DRS:IN 12
13 STREET ADDRESS   13 1 00 STIRUNG RD   14 CITY-S1-ZIP   TT. LANDRED RD   Change RD   ADDRESS   13 1 00 STIRUNG RD   Change RD   ADDRESS   REET ADDRESS	TITLE		☐ DELETE	1 1 TITLE		PSD			Addition
14 CITY-SI-ZIP	NAME			1.2 NAME		ANNETTE FASSIER			
DELETE	STREET ADDRESS			13 STREE	T ADDRESS	13100 STIRLING KD	•		
NAME			F1 Dr. 626						
23 STREET ADDRESS   3100 STTRUM			[] DETEIF			VTD FASCION		Change	<ul> <li>Addition</li> </ul>
DELETE	1				3	CONARD FASSICA			
DELETE					CT 7ID	5100 STRUM FD	/ 22	220	
NAME			DELETE			FI. CHURKWAR //C			☐ Addition
STREET ADDRESS   STRE	NAME			3.2 NAME					
TITLE         DELETE         4.1 TITLE         Change         Addit           NAME         42 NAME         42 NAME         TITLE         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addit           TITLE         DELETE         5.1 TITLE         Change         Addit           NAME         52 NAME         52 NAME         STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addit           TITLE         DELETE         6.1 TITLE         Change         Addit	STREET ADDRESS			3.3 STR&	T ADDRESS				
NAME         4 2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-SI-ZIP         4.4 CITY-SI-ZIP           TITLE         DELETE         5.1 TITLE           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-SI-ZIP         5.4 CITY-SI-ZIP           TITLE         DELETE         6.1 TITLE	CITY-SF-ZIP			3 4 CITY -	ST - ZIP				
STREET ADDRESS			☐ DELETE	4. 1 TITLE				Change	☐ Addition
ETTY-SI-ZIP         44 CHY-SI-ZIP           TITLE         DELETE         5.1 TITLE         Change Addit           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-SI-ZIP         5.4 CITY-SI-ZIP           TITLE         DELETE         6.1 TITLE         Change Addit									
TITLE         DELETE         5.1 TITLE         Change         Addit           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS         CITY-S1-ZIP         CTTY-S1-ZIP         THILE         Change         Addit           TITLE         DELETE         6.1 TITLE         Change         Addit									
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-S1-ZIP         5.4 CITY-S1-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addit			[ ] DELETE		ST-ZIP		F-1	Chapar	Meldison
STREET ADDRESS         5.3 STREET ADDRESS           CITY-S1-ZIP         5.4 CITY-S1-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addit								orange	☐ Woolfigu
CITY-S1-ZIP         5.4 CITY-S1-ZIP           ITILE         DELETE         6.1 YITLE         Change         Addit					T ADORESS				
11TLE         DELETE         6.1 TITLE         ☐ Change         ☐ Addit				I					
			☐ DELETE		V, LII			Change	Addition
	NAME		_	1				- 3-	
STREET ADDRESS 63 STREET ADDRESS	STREET ADDRESS			63 STREE	1 ADDRESS				
CITY-ST-ZIP 64 CITY-S1-ZIP	CITY - ST - ZIP			64 CITY-	S1 - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (954)680-3986