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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000074145 (0)**

1. Corporation Name
L & M REALTY HOLDINGS CORP.

Principal Place of Business	Mailing Address
~~613 HIBISCUS~~ ~~HALLANDALE FL 33009~~	~~613 HIBISCUS~~ ~~HALLANDALE FL 33009-6511~~

3. Date Incorporated or Qualified: 09/26/1995	3a. Date of Last Report: 03/07/1996
4. FEI Number: 65-0624258	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3051 NW 129 ST	26 3051 NW 129 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OPA LOCKA, FL	City & State 28 OPA LOCKA, FL
Zip 24 33054 Country 25	Zip 29 33054 Country 30

9. Name and Address of Current Registered Agent

~~MANZELLA, LOUIS~~
~~613 HIBISCUS DR~~
~~HALLANDALE FL 33009~~

10. Name and Address of New Registered Agent

81 Name: Deidre Laratro
82 Street Address (P.O. Box Number is Not Acceptable): 543 Palm Dr.
83 ~~Hallandale~~
84 City: Hallandale FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 607.0202 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: Deidre Laratro (Registered Agent signature required when reinstating) DATE: 3/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MANZELLA, LOUIS 613 HIBISCUS HALLANDALE FL	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
	~~VSD~~ PTD LARATRO, DEIDRE 543 PALM DR HALLANDALE FL 33009	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
	SV LARATRO, JOSEPH 543 PALM DR HALLANDALE FL 33009	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Deidre Laratro 3-18-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #