## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600007282 (2)

THE LARA COMPANY OF MIAMI INC.

Mailing Address Principal Place of Business 8475 SW 58 ST 8475 SW 58 ST

## **FILED** Sep 08 1997 8:00am Secretary of State



MIAMI FL 33143		MIAMI FL 33143		DO NOT WRITE IN THIS SPACE	
- 1				3. Date Incorporated or Qualified 11/22/1995	3a. Date of Last Report 10/21/1996
2. Principal Pt	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0433496	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		• Floris Ossania Fissasia	
23 City & State	)	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has pa	
24	25	29	30	Personal Property Tax due June	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
	RA, WILFRED		B1 Name		
7836 SW 34TH TERRACE			62 Street A	ddress (P.O. Box Number is Not Acceptat	ole)
MIAMI FL 33155					
			83	1.4	1
			84 City	1	85 Zip Code
44 5	Ab and deline of Continue 207 OF	02 and 607 1609 Elevida State	utes the above parred o	ornoration submits this statement for the r	purpose of changing its registered
office or re agent. I a	egistered agent, or both, in the Statem familiar with, and accept the obli-	te of Florida Such change was gations of, Section 607.0505, F	s authorized by the corpo Florida Statutes	orporation submits this statement for the p oration's board of directors. I hereby accept	ot the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NC	OTE: Registered Agent signature re	outred when reinstation)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	lara, Wilfred R		1.2 NAME		
STREET ADDRESS	8475 SW 58 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELE <b>te</b>	2. 4 CITY-ST-ZIP		Change Addition
TITLE			3.1 TITLE		Change ( Modificity
NAME ATOSET ADORSOS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	7.7.7	Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5,4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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.