

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000023271 (5)

1. Corporation Name  
L. PROFESSIONAL CORP.

Principal Place of Business

6590 S.W. 12TH ST.  
MIAMI FL

Mailing Address

6590 S.W. 12TH ST.  
MIAMI FL 33144-4963



3. Date Incorporated or Qualified

03/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 1775 E. 4 AVE.  
Suite, Apt. #, etc.

2a. Mailing Address

26 1775 E. 4 AVE.  
Suite, Apt. #, etc.

4. FEI Number

65-0659198

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 HIALEAH, FL.

City & State

28 HIALEAH, FL.

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip 33010 Country

29 Zip 33010 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

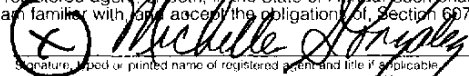
GONZALEZ, MICHELLE  
6590 S.W. 12TH ST.  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name MICHELLE GONZALEZ  
82 Street Address (P.O. Box Number is Not Acceptable)  
1775 E. 4 AVE.  
83  
84 City HIALEAH FL 85 Zip Code 33010

11. Pursuant to the provisions of Sections 607.0502 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



(NOTE: Registered Agent signature required when re-appointing)

DATE

2/7/97

12. OFFICERS AND DIRECTORS

TITLE  
NAME GONZALEZ, MICHELLE  
STREET ADDRESS 6590 S.W. 12TH ST.  
CITY-ST-ZIP MIAMI FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES./TASR/SECT.  
1.2 NAME GONZALEZ, MICHELLE  
1.3 STREET ADDRESS 1775 E. 4 AVE.  
1.4 CITY-ST-ZIP HIALEAH, FL. 33010

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

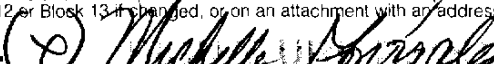
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:



CR2E034 (9/96)