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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000025719 (1)

L & C SERVICIOS Y SOLUCIONES INFORMATICAS, INC.

Principal Place of Business 3843 ESTEPONA AVENUE

SIGNATURE:

Mailing Address

3643 ESTEPONA AVENUE

FILED Feb 03 1998 8:00am Secretary of State



(305) 207 7134

JAN 24, 1998

COSTA DEL SOL CLUSTER 5 MIAMI FL 33178					COSTA DEL SOL CLUSTER 5 MIAMI FL 33178				DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified			
							_		03/22/1996			
2. Principal P				28.	Mailing Address			_	4. FEI Number			Applied For
	<u>5 SW</u>	<u>41</u>	TERR	26					65-0685919			Not Applicable
Suite, Apt.	#, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat					City & State		-		6. Election Campaign Financing		\$5.0	O May Be
	Mirmi FL				28 MIANI F				Trust Fund Contribution			d to Fees
Zip 322	Country				Zip 33185		ountry	US	B. This corporation owes or has paid	the curre	ent year	intangible
331		25	05	29		30			Personal Property Tax due June 3			□ No
			Address of Curren	t Registe	ered Agent				10. Name and Address of New Regi	stered A	gent	
RODRIGUEZ BERNAL, LUIS F												
3643 ESTEPONA AVENUE COSTA DEL SOL CLUSTER 5								Street A	ddress (P.O. Box Number is Not Acceptable)		
	MI FL 331		LOGILII J									
							84	City		FL	85 Zi	p Code
office or r	egistered a	gent, d	of Sections 607.050 or both, in the State d accept the obliga	of Florida	 Such change w. 	as authoriz	ed by	y the corpo	orporation submits this statement for the pur ration's board of directors. I hereby accept	pose of other appo	changing intment a	, its registered as registered
	Signature, typed	or print	name of registered ago			NOTE: Rogisto	ed Age	er erutengia tre	quired when reinstating)	DATE		
12.			OFFICERS AND	DIREC'		13			ADDITIONS/CHANGES TO OFFICE			
TITLE	P				DELETE	1.3	TITLE	ł		ι	Change	e 🛄 Addition
NAME			BERNAL, LUIS F			1.2	NAME	ł				ļ
STREET ADDRESS			INA AVE/COSTA	DEL SC	DL,CLUSTER 5	1.3	STREET	ADDRESS				ļ
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NAME						22	NAME					ļ
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NAME						32	NAME					Ì
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NAME							NAME					i
STREET ADDRESS						1		ADDRESS				
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Indicated officer or o	on this annu director of th	ial rep ie corp	ort or supplementa	ennual i	report is true and a ustee empowered	accurate ai	nd tha	at my signa	in Section 119.07(3)(i), Florida Statutes. I ful ature shall have the same legal effect as if m equired by Chapter 607, Florida Statutes; an	ade unde	er oath; t	hat Iam an