

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

FILED
Jul 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McManam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000036604 (2)**

1. Corporation Name
LAO CORP.

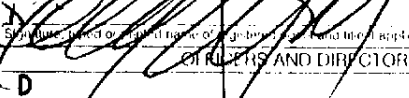


Principal Place of Business 6835 SW 92 ST MIAMI FL 33152	Mailing Address 6835 SW 92 ST MIAMI FL 33156-1504
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number APPLIED FOR		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

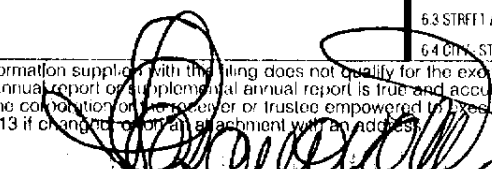
9. Name and Address of Current Registered Agent WILLIAM GARCIA, P.A. 306 ALCAZAR AVE, SUITE 302 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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  DATE **4-30-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ☐ DELETE				11 TITLE ☐ Change ☐ Addition			
NAME D CASANOVA, LAIDA N DR				12 NAME Treasure			
STREET ADDRESS 6835 SW 92 ST				13 STREET ADDRESS Laida N. Casanova, M.D.			
CITY - ST - ZIP MIAMI FL 33152				14 CITY - ST - ZIP 6835 SW 92 St			
TITLE ☐ DELETE				21 TITLE ☐ Change ☐ Addition			
NAME D ALVAREZ-JACINTO, ORESTES A SR				22 NAME President			
STREET ADDRESS 6835 SW 92 ST				23 STREET ADDRESS Orestes Alvarez-Jacinto, M.D.			
CITY - ST - ZIP MIAMI FL 33152				24 CITY - ST - ZIP 6835 SW 92 St			
TITLE ☒ DELETE				31 TITLE ☐ Change ☐ Addition			
NAME D ALVAREZ-JACINTO, ORESTES A JR				32 NAME Miami, FL 33152			
STREET ADDRESS 6835 SW 92 ST				33 STREET ADDRESS			
CITY - ST - ZIP MIAMI FL 33152				34 CITY - ST - ZIP			
TITLE ☐ DELETE				41 TITLE ☐ Change ☐ Addition			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE ☐ DELETE				51 TITLE ☐ Change ☐ Addition			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE ☐ DELETE				61 TITLE ☐ Change ☐ Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 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 a 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 from an attachment with an address.

SIGNATURE  DATE **4-30-97**

CR2E034 (9/96)