

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.)

APPROVED
AND
FILED

Pg. 182

97 AUG 13 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000038336 (9)

1. Corporation Name

LOCKWARD INTERNATIONAL SERVICES, INC.



Principal Place of Business

175 FONTAINEBLEU BLVD. STE 2J4
MIAMI FL 33172

Mailing Address

175 FONTAINEBLEU BLVD. STE 2J4
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 10300 N.W. 9th Cir

2a. Mailing Address

26 P. O. Box 440916

Suite, Apt. #, etc.

22 101

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33172

Country

Zip

29 33144

Country

9. Name and Address of Current Registered Agent

LOCKWARD, MARTA
175 FONTAINEBLEU BLVD. STE 2J4
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PST
LOCKWARD, MARTHA
175 FONTAINEBLEU BLVD. STE 2J4
MIAMI FL 33172

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
MOLINUEVO, MARCOS
175 FONTAINEBLEU BLVD. STE 2J4
MIAMI FL 33172

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PST
Lockward Martha
10300 N.W. 9th Cir #101
MIAMI, FL 33172

Change Addition

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

V
Molinuevo Marcos
10300 N.W. 9th Cir #101
MIAMI, FL 33172

Change Addition

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

200002268882

-08/15/97-0112-0042

****170.00 ****170.00

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

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 REQUIRED

8/11/97 (305) 230-5909

CR2E034 (4/97)

I send letter with my
change of address,
and not receive
any for my Corporation
for the reason I call
and after send
me that Document.

This
Martha