

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **PA6000043821**

1. Corporation Name
LAC INTERNATIONAL COMMERCE, CORP.

Principal Place of Business: **20781 DEL LUNA Drive - Boca Raton FL- 33433**
 Mailing Address: **444 Brickell Ave #750 Miami, FL, 33131**

21	22	23	24	25	26	27	28	29	30
21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
21 Suite, Apt #, etc					26 Suite, Apt #, etc				
22 City & State					27 City & State				
23 Zip Country					28 Zip Country				
24					29				

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted

4. FEI Number: **65-0669417** Applied For, Not Applied For

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added To Fee

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

81 Name: **Luis A. GOMES**
 82 Street Address (P.O. Box Number is Not Acceptable): **20845 DEL LUNA DR.**
 83
 84 City: **Boca Raton** FL 85 Zip Code: **33433**

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. Thereby, I 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 the filer, plus (if filer is not the registered agent) signature and typed name of filer.

12. OFFICERS AND DIRECTORS

TITLE	[] DELETE
NAME	Luis A. GOMES
STREET ADDRESS	20845 Del Luna DR.
CITY-ST-ZIP	Boca Raton - FL - 33433
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999

111 TITLE	[] DELETE	[] CHANGE	[] ADD
112 NAME			
113 STREET ADDRESS			
114 CITY-ST-ZIP			
21 TITLE	[] DELETE	[] CHANGE	[] ADD
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	[] DELETE	[] CHANGE	[] ADD
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	[] DELETE	[] CHANGE	[] ADD
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	[] DELETE	[] CHANGE	[] ADD
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE	[] DELETE	[] CHANGE	[] ADD
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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 ****150.00 ****150.00

JP
3-31-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, but 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, with all other like empowered

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.23.99 (561)218-0670

CR2E034 (11/98)