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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000068981 (5) DOCUMENT

LACETEL, CORP.

Principal Place of Business Mailing Address 1402 SW 92 COURT 1402 SW 92 COURT MIAMI FL 33174 MIAMI FL 33174-3146 3a. Date of Last Report 3. Date Incorporated or Qualified 08/19/1996 2s. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0689647 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VALERA-JIMENEZ, LINA 1402 SW 92 COURT Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33174 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Typed or prioritio name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. 12. Change ☐ Addition DELETE 1.1 TITLE 100 VALERA-JIMENEZ, LINE Z 1.2 NAME NAME 1402 SW 92 COURT 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33174** 1.4 CITY - ST-ZIP CITY - S1 - ZIP Change Addition DELETE 101.6 STD 2.1 TITLE JIMENEZ, DIEGO J 22 NAME NAME 1402 SW 92 COURT STREET ADDITESS 23 STREET ADDRESS MIAM! FL 33174 CITY - S1 - 7IF 2 4 CITY-ST-ZIP Change Addition DELETE 3 1 THILE THE 3.2 NAME NAM 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP C+FY - S1 - 20F DELETE Change Addition 4.1 TITLE 7011 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST ZIF Addition Change □ DELETE 5.1 TITLE TOTAL 5.2 NAME NAM 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-2IP CITY-ST ZIP Change Addition DELETE 6.1 TITLE THE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS COY-51-70 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), Fiorida 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 other or director of the corporate or this product of the corporate of the corp

an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, of

SIGNATURE: