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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000072567 (6)

LANDY'S INT'L, INC.

Principal Place of Business

2832 SW 35TH AVE MIAMI FL 33133		2832 SW 33111 AVE MIAMI FL 33133-3408							
						3. Date Incorporated or Qualified 08/30/1996	3a, Da	te of Last Re	port
2. Principal Place of Bu	ısıness	2a. Mailing Address	2a. Mailing Address			4, FEI Number		Ap	plied For
21		26			US-0700336		No	t Applicable	
Suite, Apt. #. etc.		Suite, Apt #, etc.	Suite, Apt #, etc.					\$8.75 A	dditional
22		27			5. Certificate of Status Desired	اسا	Fee Re	quired	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			•	Trust Fund Contribution	Added to Fees		
Zip	Country	Zıp	Country			8. This corporation has liability for i	ntangible	tax under s.	199.032,
24	25	29				Florida Statutes			
g. Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent				lgent	
LANTIGUA, LEANDRO				81 Name					
2832 SW 35			62 Street Addre			ss (P.O. Box Number is Not Acceptab	lo\		~
MIAMI FL 33			5 Street Address			iss (1.0. box (40)) lot (40) neceptab	.07		
				83					
								72-1 3:- 6	
			ľ	84	City		FL	85 Zip (×000€
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 Storidars typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
	guid or printed name of registered age			Age	nt signature require		DATE	DIRECTOR	0.151.40
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	S IN 12 Addition
''''	OHA LEANIDOO	T" DETEN	1.1 1111					- CHAING	☐ Addition
0000	GUA, LEANDRO		1.2 NA						
	SW 35TH AVE				ADDRESS				
	FL 33133	DEVETE	1.4 CIT		- 218			Change	I I Addition
TITLE VD	MES CONTOCON IN	DELETE	2.1 TfT					Change	☐ Addition
	INEZ, FRANCISCA M		2.2 NA	MÉ					
	SW 35TH AVE		2.3 \$1	REET ADDRESS		•			
<u> </u>	FL 33133	D OF LETT	2. 4 CITY-ST-ZIP		T-ZIP			Change	Addition
TITLE		☐ DELETE	31 TITLE					☐ Change	CT Monition
NAME			3 2 NA						
STREET ADDRESS					address				
CITY - ST - ZiP		DELETE	3 4. Ci		T-ZIP			Change	Addition
TITLE		DELETE	4 1 TIX					L Change	Addition
NAME			4. 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-7IP		M or or	4.4 CIT		T-ZIP			Lohana	4.2220.00
TITLE		DELETE	5.1 TIT		1			L. Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI1		T-ZIP			T 6:	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		☐ DELETE	6.1 TiT	LE				☐ Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				
1									

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.

accided (accly the