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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000078673 (6)

FILED Mar 27 1998 8:00am Secretary of State

| LAKE LACAR, INC.                                   |   |  |                                       |   |   |                            |
|--|---|--|---------------------------------------|---|---|----------------------------|
|  |   |  |                                       |   |   |                            |
| Principal Plac                                     | ce of Business  | Mailing Address  |                                       |   |   |                            |
|  | KELL AVENUE   | 1581 BRICKELL A  | VENUE                                 |   |   |                            |
| SUITE 120  |   | SUITE 1202   |                                       |   | DO NOT WRITE IN THE   | 0.00405                    |
| MIAMI FL 33129 MIAMI FL 33129                      |   |  |                                       | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |   |                            |
|  |   |  |                                       |   | 09/23/1996  |                            |
| 2. Principal Place of Business 2a. Mailing Address |   |  |                                       |   | 4. FEI Number   | Applied For                |
| 21   |   | 26   | 26                                    |   | 65-0754760  | Not Applicable             |
| Suite, Apt. #, etc.                                |   | <b>├</b> ─   | Suite, Apt. #, etc.                   |   | 5. Certificate of Status Desired  | \$8.75 Additional          |
| City & State                                       |   | 27   | · · · · · · · · · · · · · · · · · · · |   | or communication of change begins a   | Fee Required               |
| 23   |   | City & State   |                                       |   | 6. Election Campaign Financing  | \$5.00 May Be              |
| Zip  | Country   | <b>28</b> Zip  | Cour                                  | ntry  | Trust Fund Contribution   | Added to Fees              |
| 24   | 25  | 29   | 30                                    |   | <ol> <li>This corporation owes or has paid the of<br/>Personal Property Tax due June 30.</li> </ol>   | urrent year Intangible     |
|  | 9, Name and Address of Cu   |  | 1991                                  |   | 10. Name and Address of New Registere   |                            |
| (  | BUERSANI-HARRINGTON, CA   | RLOS   |                                       | B1 Name   |   |                            |
|  | 581 BRICKELL AVENUE   |  | }                                     | 82 Street Ad  | ddress (P.O. Box Number is Not Acceptable)  |                            |
| S  | SUITE 1202  |  | [                                     |   | adioso (1.0. Box Haribal is Hot Acceptable)   |                            |
| N  | /IAMI FL 33129  |  |                                       | B3  |   |                            |
|  |   |  | <u> </u>                              | 84 City   |   | 85 Zip Code                |
|  |   |  |                                       | ,   | F   | L   `                      |
| 11. Pursuant<br>office or (                        | to the provisions of Sections 607.<br>registered agent, or both, in the S | 0502 and 607.1508, Florida S<br>tate of Florida. Such change v | itatutes, the ab<br>was authorized    | ove-named co<br>by the corpor                                 | orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap   | of changing its registered |
| agent. I a   | um familiar with, and accept the o  | bligations of, Section 607.050                                 | 5, Florida Statu                      | tes.  | and a second of the second of | spontinent as regions ou   |
| SIGNATURE  | Signature, typicd or printed name of registere                            |  | MOTE D                                |   |   |                            |
| 12.  |   | AND DIRECTORS  | 13.                                   | Agent signature rec   | quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT  | ID DIRECTORS IN 12         |
| TITLE  | AD.   |  |                                       | E T   | ABBITION OF TAKEN TO OF TOLING AL   | Change Addition            |
| NAME   | LOPRETE, HORACIO D  |  | 1.2 NA                                |   |   |                            |
| STREET ADDRESS 1581 BRICKELL AVENUE, S             |   | , SUITE 1202   | 1.3 STR                               | EET ADDRESS   |   |                            |
| CITY-ST-ZIP  | MIAMI FL 33129  |  | 1.4 CIT                               | (-\$T-ZIP   |   |                            |
| TITLE  | DELE  |  | 2.1 TITI                              | E   |   | Change Addition            |
| NAME   |   |  | 2.2 NAM                               | RE  |   |                            |
| STREET ADDRESS                                     |   |  | 2.3 STR                               | EET ADDRESS   |   |                            |
| CITY-ST-ZIP  |   |  |                                       | Y-ST-ZIP  |   |                            |
| TITLE  |   | ☐ DELETE   |                                       | ·   |   | Change Addition            |
| NAME   |   |  | 3.2 NAM                               |   |   |                            |
| STREET ADDRESS                                     |   |  |                                       | EET ADDRESS   |   |                            |
| CITY-ST-ZIP<br>TITLE                               |   | DELETE   |                                       | Y-ST-ZIP  |   | Change 1 1442              |
| NAME   |   | C Defet  |                                       | -   |   | Change Addition            |
| STREET ADDRESS                                     |   |  | 4. 2 NA                               |   |   |                            |
| CITY-ST-ZIP  |   |  |                                       | ET ADDRESS<br>'-ST-ZIP  |   |                            |
| TITLE  |   | ☐ DELETE   |                                       | +   |   | Change Addition            |
| NAME   |   |  | 5.2 NAN                               |   |   | Change radii(0)1           |
| STREET ADDRESS                                     |   |  |                                       | ET ADDRESS  |   |                            |
| CITY-ST-ZIP  |   |  |                                       | -ST-ZIP   |   |                            |
| TITLE  |   | DELETE   |                                       |   |   | ☐ Change ☐ Addition        |
| NAME   |   |  | 6.2 NAM                               |   |   |                            |
| STREET ADDRESS                                     |   |  |                                       | ET ADDRESS  |   |                            |
| CITY-ST-ZIP  |   |  |                                       | - ST- ZIP   |   |                            |
| 14 I hereby o                                      | earlify that the information counties                                     | d with this filing door not aud                                | ifu for the aver                      | ntion stated i  | in Continu 110 07(2)(i) Florida Ctatutan 16 whee  | - 425 41 1 11 1 1 1        |

14. I 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 only attachment with an address.

CICMATUDE.

CR2E034 (10/97)