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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000082247 (3)

L.M.L.N. IMPORT-EXPORT CORP.

## FILED Mar 10 1997 8:00am Secretary of State



	e of Business	Mailing Address						
1399 COTTONWOOD CIRCLE FORT LAUDERDALE FL 33326 - Z 7 1 4		1399 COTTONWOOD CIRCLE FORT LAUDERDALE FL 33326-2714						
					Date Incorporated or Qualified     10/04/1996	3a. Date	of Last R	eport
2. Principal Place of Business 21		2a. Mailing Address			4. FEI Number	Applied For		
		26			65-0717862	Not Applicable		
Suite Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zφ	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible ta		
24	25	29	30		Florida Statutes	Yes 🔲	No	
	9. Name and Address of Curren	nt Registered Agent		1	10. Name and Address of New Re		jent	
	eribawyer Chardered			81 Name	LAUDIO RODRIG	UEZ		
	ALMETHA AVENUE		ŀ	82 Street Ac	dress (P.O. Box Number is Not Acceptate	ale)		
COF	RAI/GABLES FL 33134			<b>(2</b>	7450 W 5	C 14 6	THZ	20
/				83	HIALENH,	CLA.	270	Ca Gaza
			ŀ	84 City	(CA COATT)			Code
		···		´		FL		
<b>11.</b> Pursuant office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State	)2 and 607.1508, Florida Statu e of Florida, Such change was	tes, the at	pove-named co	orporation submits this statement for the paration's board of directors. I hereby accept	ourpose of c	hanging it	s registered
agent La	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	utes.	nutions board of directors. I hereby accept	or the appoin	illinoill as	rogistereti
		•			N.C 70	6	) <del>- 7</del>	
SIGNATURE	a spendy on	The Co	チuロ	is Ropi	216 4 6 C	2-7-9	•	
	Styriative, systed or posted harse of rugelered at				quired when reinstating)	DATE		
12.	OFFICERS AN	of and the If applicable INO ID DIRECTORS				DATE		S IN 12
12.	OFFICERS AN	or and title if applicable INO	Ti. Registered	d Agent signature re	quired when reinstating)	DATE CERS AND D		
12. Tille	OFFICERS AN PSTD MACLAREN, REGINA MARIA	on and the Mappicable INO ID DIRECTORS DELETE	Ti. Registered	d Agent signature rai	quired when reinstating)	DATE CERS AND D	DIRECTOR	
12. TILLE NAME	OFFICERS AN PSTD MACLAREN, REGINA MARIA 1399 COTTONWOOD CIRCLE	on and the It applicable INO ID DIRECTORS DELETE	TE Registered 13. 1.1 TII 1.2 NA	d Agent signature rai	quired when reinstating)	DATE CERS AND D	DIRECTOR	
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12. THE NAME STREET ADORESS CHY-ST-ZIP	OFFICERS AN PSTD MACLAREN, REGINA MARIA 1399 COTTONWOOD CIRCLE FORT LAUDERDALE FL 33326 VD	on and the It applicable INO ID DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST	d Agent signature rol  TLE  AME  REET ADDRESS  TY - ST - ZIP	quired when reinstating)	DATE CERS AND D	DIRECTOR	Addition
TILE TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	OFFICERS AN PSTD MACLAREN, REGINA MARIA 1399 COTTONWOOD CIRCLE FORT LAUDERDALE FL 33326 VD NOGUERA, LILIANE M	on and the Iringpl cable INO ID DIRECTORS DELETE DELETE DELETE	TE Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	d Agent signature ret  TLE  AME  REET ADDRESS  TY - ST - ZIP  TLE	quired when reinstating)	DATE CERS AND D	DIRECTOR Change	Addition
12. THE NAME STREET ADDRESS CHY-ST-ZIP THE	PSTD MACLAREN, REGINA MARIA 1399 COTTONWOOD CIRCLE FORT LAUDERDALE FL 33326 VD NOGUERA, LILIANE M 1399 COTTONWOOD CIRCLE	on and the Irappi cable INO ID DIRECTORS DELETE  DELETE  DELETE	13. 1.1 T() 1.2 NA 1.3 ST 1.4 C() 2.1 T() 2.2 NA	d Agent signature ret  TLE  AME  REET ADDRESS  TY - ST - ZIP  TLE	quired when reinstating)	DATE CERS AND D	DIRECTOR Change	Addition
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TULE NAME STREET ADDRESS CHY, ST. ZIP TULE NAME STREET ADDRESS CHY, ST. ZIP	PSTD MACLAREN, REGINA MARIA 1399 COTTONWOOD CIRCLE FORT LAUDERDALE FL 33326 VD NOGUERA, LILIANE M 1399 COTTONWOOD CIRCLE	on and the Iringpl cable ING ID DIRECTORS DELETE  DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	I Agent signature related TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	quired when reinstating)	DATE DERS AND L	DIRECTOR Change	Addition
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TILE NAME STREET ADDRESS CHY-ST-ZIP TREE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD MACLAREN, REGINA MARIA 1399 COTTONWOOD CIRCLE FORT LAUDERDALE FL 33326 VD NOGUERA, LILIANE M 1399 COTTONWOOD CIRCLE	on and the it applicable INO ID DIRECTORS DELETE DELETE DELETE	13. 11 TU 12 NA 13 ST 14 CC 21 TU 12 NA 23 ST 24 CC 31 TU 32 NA 33 ST 33 ST 34 ST 35	J Agent signature rei TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME AME	quired when reinstating)	DATE DERS AND L	Change	Addition
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TITLE NAME STREET ADDRESS CHY, ST. ZIP	PSTD MACLAREN, REGINA MARIA 1399 COTTONWOOD CIRCLE FORT LAUDERDALE FL 33326 VD NOGUERA, LILIANE M 1399 COTTONWOOD CIRCLE	on and the it applicable INO ID DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST	I Agent signature related to the signature rel	quired when reinstating)	DATE DERS AND L	DIRECTOR Change Change Change	Addition  Addition
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information indicated on this annual report or supplemental innual 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 Outperation or the Post supplemental interest in Block 12 or fixed to the property of the

SIGNATURE

2-7-97 (854) 920-7090