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May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000086920 (1)

1. Corporation Name

LV COMPOSITE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4620 N.W. 79 AVENUE, 1A MIAMI FL 33166		Mailing Address 4620 N.W. 79 AVENUE, 1A MIAMI FL 33166	
2. Principal Place of Business 21 7860 NW 76 ST Suite, Apt. #, etc. 22 City & State 23 MEDLEY FL Zip 24 33166 Country 25 FL		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent VALDMA, LUIS 5959 N.W. 37TH STREET, SUITE 329 MIAMI FL 33166		10. Name and Address of New Registered Agent 81 Name VALDIVIA LUIS 82 Street Address (P.O. Box Number is Not Acceptable) 7860 NW 76 ST. 83 84 City MEDLEY FL 85 Zip Code 33166	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	VALDIVIA, LUIS	1.2 NAME	VALDIVIA LUIS
STREET ADDRESS	5959 N.W. 37TH STREET, SUITE 329	1.3 STREET ADDRESS	7860 NW 76 ST.
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MEDLEY FL 33166
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:

Valdivia, Luis

4/25/98

13051888-1689

CR2E034 (10/97)