

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

FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000099203 (7)

1. Corporation Name

LA IDEAL OF CARROLLWOOD, INC.

Principal Place of Business

Mailing Address

18001 PINE TREE RD  
ODESSA FL 33556

18001 PINE TREE RD  
ODESSA FL 33556-9803



2. Principal Place of Business

2a. Mailing Address

21 10440 N. Dale Mabry  
Suite, Apt. #, etc.

26 10440 N. Dale Mabry  
Suite, Apt. #, etc.

22 City & State  
23 Tampa, FL

27 City & State  
28 Tampa, FL

24 Zip  
33618

29 Zip  
33618

25 Country  
USA

30 Country  
USA

3. Date Incorporated or Qualified

12/06/1996

3a. Date of Last Report

4. FEI Number

59-3425271

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEZ, DANIEL F II  
4144 N ARMENIA AVE  
SUITE 350  
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of the corporation's officer or director or the registered agent and his or her agent)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS    | CITY-ST-ZIP                           | TITLE                           | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|-------------------|---------------------------------------|---------------------------------|------|----------------|-------------|
|       | D    | AGUILA, LUIS      | 18001 PINE TREE RD<br>ODESSA FL 33556 | <input type="checkbox"/> DELETE |      |                |             |
|       | D    | AGUILA, CYNTHIA F | 18001 PINE TREE RD<br>ODESSA FL 33556 | <input type="checkbox"/> DELETE |      |                |             |
|       |      |                   |                                       | <input type="checkbox"/> DELETE |      |                |             |
|       |      |                   |                                       | <input type="checkbox"/> DELETE |      |                |             |
|       |      |                   |                                       | <input type="checkbox"/> DELETE |      |                |             |
|       |      |                   |                                       | <input type="checkbox"/> DELETE |      |                |             |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | 2.1 TITLE                       | 2.2 NAME                          | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | 4.1 TITLE                       | 4.2 NAME                          | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | 6.1 TITLE                       | 6.2 NAME                          | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
|-----------|----------|--------------------|-----------------|---------------------------------|-----------------------------------|--------------------|-----------------|-----------|----------|--------------------|-----------------|---------------------------------|-----------------------------------|--------------------|-----------------|-----------|----------|--------------------|-----------------|---------------------------------|-----------------------------------|--------------------|-----------------|
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |
|           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |           |          |                    |                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                    |                 |

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.

SIGNATURE: X *Cynthia F. Aguila*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Cynthia F. Aguila - Director

3/17/97 (83)960-7913  
Date Daytime Phone

CR2E034 (9/96)