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 # P9700008051 (9)

LINDA LAPLUME, P.A.

FILED Apr 22 1998 8:00am Secretary of State



| | | | • | |
|---|---|---|----------------------------|--|
| Principal Place | e of Business | Mailing Address | | I requise the last seek seek seek seek seek seek seek se |
| 2875 NE 19151 | T STREET | 2875 NE 191ST STREET | | |
| SUITE 829 AVENTURA FL | 39180 | SUITE 829 AVENTURA FL 331 80 | | DO NOT WRITE IN THIS SPACE |
| | | NATURAL LE ARROY | | 3. Date Incorporated or Qualified |
| | | | | 01/27/1997 |
| | ace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 11926 | | 26 19262 NW | 2 Stree | T 05-0/3086 Not Applicable |
| Suite, Apt. # | #, etc | Suite, Apt. # 46. | | 5. Certificate of Status Desired \$8.75 Additional |
| 2 | | 27 | | Fee Required |
| City & State | mle Piner El | En Dinahanda C |) - oc [-1 | 6. Election Campaign Financing \$5.00 May Be |
| | MOKE INCOME | 150 JEWDI OKE L | Country Country | Trust Fund Contribution |
| コンソン | 29 25 ÜŠA | 29 33029 3 | ¬ \) \ \ | R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 4 DC C | 9. Name and Address of Current | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | <u> </u> | 10. Name and Address of New Registered Agent |
| | | | | |
| LAPLUME, LINDA | | | | LINDA LAPIUNE |
| | 5 NE 191ST STREET | | | Address (P.O. Box Number is Not Acceptable) |
| SUITE 829 AVENTURA FL 33180 | | | SOB IV W ION SHEET | |
| MAE | MIONA FL 33 180 | | | |
| | | | 84 200 | nbroke Pines FL 833039 |
| 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 re | egistered agent, or both, in the State of refamilian with, and accept the obligation | Florida, Such change was aut | horized by the core | poration's board of directors. I hereby accept the appointment as registered |
| · · / | ramiliar win Fand accept the doligan | ons or, section bur boos, more | aa sialules. | noch 1 1998 |
| SIGNATURE V | Signature, typed or printed harve of registered agent a | of tile d applicable (NOTE: F | Registered Agent signature | e required when reinstating) DATE |
| 12. | OFFICERS AND I | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | Change D Addition |
| NAME | LAPLUME, LINDA | | 1 2 NAME | Jorge Daniel Laplume |
| STREET ADDRESS | 19262 NW 12TH STREET | | 1.3 STREET ADDRESS | 19aca NW laft Street |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | | 1.4 CITY-ST-ZIP | Pembroke Pines, 71 32009 |
| TITLE | | ☐ DELETE | 2.1 TITLE | Change Addition |
| NAME | | | 2.2 NAME | , |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DEL e te | 3.1 TITLE | Change Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | |
| TITLE | | L_ DELETE | 4.1 THTLE | Change Addition |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | |
| TITLE | | DELETE | 5.1 TITLE | Change L Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | F1 65: 57 | 5.4 CITY - \$1 - ZIP | |
| TITLE | | Ĺ J DELETE | 6.1 TITLE | Change Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ortify that the information average desired | this filing does not suglify for | 6.4 CiTY-ST-ZIP | od in Section 110 07(9Vi) Elevida Statuten I further parties that the information |
| 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 arrural 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 it changed, or on an attachment with an address. SIGNATURE: Alt 198 436-6858 | | | | |