

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

FILED

Sep 14 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 # N/A
1. Corporation Name
LADRILLO INC P970000042128

Principal Place of Business Mailing Address (SAME)
177 OCEAN LANE DRIVE SUITE 308
KEY BISCAIYNE, FLORIDA 33149

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	MAY 13, 1997	
Suite, Apt #, etc	Suite, Apt #, etc.	4. FEI Number	Applied For
22	27	65-0751728	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Country	Zip	6. Election Campaign Financing Trust Fund Contribution	
24	29	<input type="checkbox"/>	
	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LADRILLO INC 177 OCEAN LANE DRIVE SUITE 308 KEY BISCAIYNE, FLORIDA 33149				81 Name	MARIA V. REISER		
				82 Street Address (P.O. Box Number is Not Acceptable)	LADRILLO INC		
				83	177 OCEAN LANE DR. SUITE 308		
				84 City	FL	85 Zip Code	33149

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 in accordance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Maria V. Reiser - DATE: 06/23/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARIA V. REISER			1.2 NAME			
STREET ADDRESS	177 OCEAN LANE DR. SUITE 308			1.3 STREET ADDRESS			
CITY - ST - ZIP	KEY BISCAIYNE, FL. 33149			1.4 CITY - ST - ZIP			
TITLE	VICE - PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MYRIAM HERNANDEZ			2.2 NAME			
STREET ADDRESS	177 OCEAN LANE DR. SUITE 308			2.3 STREET ADDRESS			
CITY - ST - ZIP	KEY BISCAIYNE, FL. 33149			2.4 CITY - ST - ZIP			
TITLE	REYNA M. DE SOGA	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	177 OCEAN LANE DR. SUITE 308			3.2 NAME			
STREET ADDRESS	KEY BISCAIYNE, FL. 33149			3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE	↑ SECRETARY -	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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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. 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: Maria V. Reiser - DATE: 07/13/98 (305)3653652

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LADRILLO, INC.

177 OCEAN LANE DRIVE SUITE #308 KEY BISCAYNE, FLA. 33149 TEL.:(305)365-3652

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FLA. 32302-1500

JUNE 23, 1998

DEAR SIRs,

ENCLOSED OUR ANNUAL FILING FEE OF \$150.00. ONE OF YOUR AGENTS SUGGESTED I WRITE YOU A LETTER INFORMING YOU THAT WE DID NOT RECEIVE ANY FILING FORM OR DOCUMENT, SO MY ACCOUNTANT FAXED ME A COPY OF THE DOCUMENT IN ORDER TO PAY THE FEE.

PLEASE NOTE OUR COMPLETE ADDRESS IN YOUR RECORDS, AND MAKE THE NECESSARY CHANGES TO UPDATE YOUR FILES.

THANK YOU,

Maria V. Reiser. -

MARIA V. REISER