


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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90016 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000042128

1. Corporation Name
LADRILLO, INC.



Principal Place of Business 177 OCEAN LANE DRIVE SUITE 308 KEY BISCAYNE FL 33149	Mailing Address 177 OCEAN LANE DRIVE SUITE 308 KEY BISCAYNE FL 33149
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 OCEAN LANE DRIVE Suite, Apt. #, etc. 22 SUITE 108 City & State 23 KEY BISCAYNE, FL Zip 24 33149 Country 25 USA	2a. Mailing Address 26 ← SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 05/13/1997	4. FEI Number 65-0751728	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent REISER, MARIA V 177 OCEAN LANE DRIVE SUITE 308 KEY BISCAYNE FL 33149	10. Name and Address of New Registered Agent 81 Name REISER, MARIA V. 82 Street Address (P.O. Box Number is Not Acceptable) 200 OCEAN LANE DRIVE. 83 SUITE 108 84 City KEY BISCAYNE FL 85 Zip Code 33149
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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 **x Maria V. Reiser.** DATE **1/12/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	REISER, MARIA V 177 OCEAN LANE DRIVE SUITE 308 KEY BISCAYNE FL 33149	1.1 TITLE PVTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	HERNANDEZ, MYRIAM 177 OCEAN LANE DRIVE SUITE 308 KEY BISCAYNE FL 33149	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	DE SOSA, REYNA M 177 OCEAN LANE DRIVE SUITE 308 KEY BISCAYNE FL 33149	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: **x Maria V. Reiser.** DATE: **1/12/99** DAYTIME PHONE: **(305) 365-3652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)