

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

FILED
Jul 23 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 # P97000056724 (2)
 1. Corporation Name
FALCON-LAZO & ASSOCIATES, INC.



Principal Place of Business: **1400 CHARLES STREET SUITE PH 16 PEMBROKE PINES FL 33026**

Mailing Address: **1400 CHARLES STREET SUITE PH 16 PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/27/1997

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For			
1400 St. Charles Place		1400 St. Charles Place		650838635		Not Applicable			
Suite, Apt. #, etc. PH 16		Suite, Apt. #, etc. PH 16		5. Certificate of Status Desired		8.75 Additional Fee Required			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
Zip 33026 Country USA		Zip 33026 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No			

9. Name and Address of Current Registered Agent
FALCON-LAZO, RAMON ENRIQUE
1400 CHARLES STREET
SUITE PH 16
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCON-LAZO, RAMON ENRIQUE	1.2 NAME	
STREET ADDRESS	1400 CHARLES ST, PH 16	1.3 STREET ADDRESS	NA
CITY-ST-ZIP	PEMBROKE PINES FL 33026	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCON-LAZO, VINCENTE RAMON	2.2 NAME	
STREET ADDRESS	1400 CHARLES ST, PH 16	2.3 STREET ADDRESS	NA
CITY-ST-ZIP	PEMBROKE PINES FL 33026	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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	

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: _____ **MAY 28/98 (95V) 477 3530**

CR2E034 (10/97)