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

**PROFIT** CORPORATION ANNUAL REPORT

1999°



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90206 024 \*\*\*150.00

DOCUMENT #	P97000059919
Corporation Name	,, 0,,0000000

LAKES IN	IVESTMENTS & FINANCING	INC.						
D./		Mailing Address			•		1810 IBIH 1884	
Principal Place		•						
2847 N W 7TH STREET 7748 CAMINO REAL APT G-311 APT G-311								
APT G-311 APT G-311 MIAMI FL 33125 MIAMI FL 33143			DO NOT WRITE IN THIS SPACE					
US					3. Date Incorporated or Qualifed			
					07/09/1997			
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	App	lied For	
21 2847/	VW 755	26 2847 NW 7 ST			65-0793805		Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22	<u> </u>	27				Fee Req	·	
City & State	ni el	City & State  28 MIAMI FL	ORID	4	Election Campaign Financing     Trust Fund Contribution	\$5.00 N Added to	· 1	
Zip	Country	Zip	Country	_	8. This corporation owes the current year Inter-		_ •	
24 3312	J 25 USA-	29 33/2J 31	0 4.	<i>s A</i>	Personal Property Tax.		<b>⊿</b> 46	
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered	Agent		
	O DAMON C		81	Name				
	S, RAMON S		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
7740 CAMINO REAL		L						
APT (			83					
	I FL 33143		84	City	FL	85 Zip C		
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, a sport, 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	- 44 (/(// A - 7-				O4//8	'/99		
	Ignature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re		nt signature require	ed when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN			
	PVST	☐ DELETE	1.1 TITLE			Change	☐ Addition	
	LAGOS, RAMON S		1.2 NAME					
STREET ADDRESS	7740 CAMINO REAL, APT G-311	AMINO REAL, APT G-311		FADDRESS				
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-Z					
TITLE	<b>D</b>	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	LAGOS, RAMON S		2.2 NAME					
STREET ADDRESS	7740 CAMINO REAL, APT G-311		2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33143		2. 4 CITY-5	ST-ZIP				
TITLE	•	☐ DELETE	31 TITLE			Change	☐ Addition	
NAME			3.2 NAMÉ					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	1		☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				

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 suppliemental 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 changes or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

Addition

Addition