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 # P97000087587 (6)

LLANEX ENTERPRISES, INC.

Principal Place of Business Mailing Address

10750 WASHINGTON STREET. #305
PEMBROKE PINES FL 33025

PEMBROKE PINES FL 33025

FILED Mar 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

						8. Date incorporated or Qualified 10/09/1997			
2. Principal Place of Business 2a. Mailing Address					··	4. FEI Number	MAPI	plied For	
21		26					Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
City & State	9	City & State				Election Campaign Financing	\$5.00	·	
28						Trust Fund Contribution	Added to		
Zip	Country	Zip	Cox	untry		8. This corporation owes or has paid the curre			
24	25	29	30					No	
	g. Name and Address of Current	Registered Agent	1		10. Name and Address of New Registered A	gent			
ESPINOSA, FLORENCIA					81 Name				
10750 WASHINGTON STREET, #305 PEMBROKE PINES FL 33025					82 Street Address (P.O. Box Number is Not Acceptable)				
					82 Street Address (P.O. Box Number is Not Acceptable)				
					83				
}				84 City 85 Zio Code					
					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, 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									
	Signature, typed or printed name of registered ager		DTE: Registere	d Age	nt signature require	ed when reinstating) DATE			
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND I			
TITLE	PST	DELETE	1.1 TI	TLE		L	Change	Addition	
NAME				AME				i	
STREET ADDRESS				TREET	ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33025			ITY-S	T-ZIP				
TITLE		DELETE	2.1 TI	ITLE			Change	☐ Addition	
NAME			2.2 N	AME				1	
STREET ADDRESS		2.3		TREET	ADDRESS				
CITY-ST-ZIP			2.40	OTY-S	IT-ZIP				
MILE		DELETE 3.1					Change	Addition	
NAME	32		3.2 N	AME	ļ				
STREET ADDRESS	3.3		3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	1 1			ary-s	T-ZIP				
TITLE				TLE			Change	Addition	
NAME	_		4.21				-		
STREET ADDRESS	J		J		ADDRESS			ł	
CITY-ST-ZIP				ITY-S	· .				
TITLE	DELETE 5.11				1-54		Change	Addition	
NAME			5.1 N			`			
STREET ADDRESS			- 1		ADDRESS			. [
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CITY-ST-ZIP		DELETE	5.4 C	ITY - ST	1-4IF		Change	Addition	
NAME			6.2 N		l		comits	ا ۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	
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STREET ADDRESS	•				ADDRESS				
CITY-ST-ZIP				ITY-S'		Section 110 07/3Vi) Florida Statutas further cort	ity 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 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: Olivano Maro & WILL FERNANDO LLAND 3/2/9 - (84) 44-959									