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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000097469

1. Corporation Name
 L.A.M. OF SOUTH FLORIDA, INC.



Principal Place of Business
 1745 SANS SOUCI BLVD. #302
 NORTH MIAMI FL 33181

Mailing Address
 1745 SANS SOUCI BLVD. #302
 NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1745 SANS
 21 MIAMI FLORIDA SOUCI BLV.
 Suite, Apt. #, etc. 22 302
 City & State 23 N. MIAMI
 Zip 24 33181 Country 25 FL

2a. Mailing Address
 26 1745 SANS SOUCI BLV.
 Suite, Apt. #, etc. 27 302
 City & State 28 N. MIAMI
 Zip 29 33181 Country 30 FL

3. Date Incorporated or Qualified
 11/12/1997

4. FEI Number
 65-0796041 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANOSALVA, LUIS A
 1745 SANS SOUCI BLVD, #302
 NORTH MIAMI FL 33181

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MANOSALVA, LOUIS ALBERTO	
STREET ADDRESS	1745 SANS SOUCI BLVD, #302	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	AYALA, AURORA	
STREET ADDRESS	1745 SANS SOUCI BLVD, #302	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, LUIS H	
STREET ADDRESS	1745 SANS SOUCI BLVD., #302	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(f), 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: _____ DATE: 3/16/99 DAYTIME PHONE #: 305-893-8946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)