

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90015 009 ***150.00

DOCUMENT # P98000042901

1. Corporation Name
L & M DESIGNS INC.

Principal Place of Business
1865 79TH ST. CAUSEWAY SUITE 11-D
N. BAY VILLAGE FL 33141

Mailing Address
1865 79TH ST. CAUSEWAY SUITE 11-D
N. BAY VILLAGE FL 33141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0838524	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country
8. This corporation owes the current year intangible Personal Property Tax.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

9. Name and Address of Current Registered Agent GARMENDIA, ANA CECILIA 1865 79TH ST. CAUSEWAY SUITE 11-D N. BAY VILLAGE FL 33141				10. Name and Address of New Registered Agent	
81	Name	EULALIA ESCORCIA			
82	Street Address (P.O. Box Number is Not Acceptable)	1865 79TH ST. CAUSEWAY SUITE 11-D			
83	City	N. Bay Village FL 33141			
84	City	85	Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Eulalia Escorcia* DATE: 4-09-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	EULALIA ESCORCIA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EULALIA ESCORCIA	1.2 NAME	EULALIA ESCORCIA
STREET ADDRESS	1865 79TH ST. CAUSEWAY 11-D	1.3 STREET ADDRESS	1865 79TH ST. CAUSEWAY SUITE
CITY-ST-ZIP	N. BAY VILLAGE FL 33141	1.4 CITY-ST-ZIP	11-D N. BAY VILLAGE FL 33141
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)(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 filers empowered.

SIGNATURE: *Eulalia Escorcia* DATE: 4-09-99

CR2E034 (11/98)