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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAFTMENT OF STATE

Katherine Harris

Secretar / of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

DOCUMENT # P98000073089

1. Corporation Name

LADY LARA ENTERPRISES, INC.

Principal Place of Business Mailing Address 2780 SOUTH OAKLAND FOREST DRIVE 2780 SOUTH OAKLAND FOREST DRIVE **UNIT 1403** UNIT 1403 OAKLAND PARK FL 33309-5633 OAKLAND PARK FL 33309-5633 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Ap¹. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 28 23 Country Zip Country Zip

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90038 020 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Ir tangible

Trust Fund Contribution

08/20/1998

24		25	5	29	30	ol –			Persor	al Property Tax	t.	Yes	□No
		9. Name ar	nd Address of Current	Registered Ag	gent				10. Name	and Address of	of New Registered	Agent	
						8	1 Nai	ne					
AMERILAWYER							2 Stre	-4 0 44 4	(D.O. Ba)	Number is Not	Agaptable)		
343 ALMERIA AVENUE						l°	z Sur	et Auc	ess (F.O. Bu)	(Number is Not	Acceptable)		
CORAL GABLES FL 33134						8	3					-	
						8	4 City	•			FL	85 Zip (Code
44	Durance	to the provision	on of Soutions 607 0502	and 607 1508	Florida Statutas	the abo	Ve-nan	ed corn	oration submi	ts this statemen	t for the purpose c	f changing its	registered
''	11. Pursuart 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.												
SI	GNATURE:												
		Signature, typed or p	orinted name of registered agent a		(NOTE Re		ent signat	ure require	d when reinstating)		TO OFFICERS A	ND DIRECTO	ADIS IN 12
12	— — т	DOTO	OFFICERS AND	DIRECTORS	☐ DELETE	13.			ADDITIO	J 15/CHANGES	TO OFFICERS A	☐ Change	Addition
TITL		PSTD ONG	NEDE C		☐ DELETE	1.1 TITLE						□ Onlinge	
NAM	AE	NETO, ONG		- DONE		1.2 NAMI							
STR	REET ADDRESS		H OAKLAND FOREST	DRIVE		13 STRE	ET ADDR	SS					
CIT	Y-ST-ZIP	OAKLAND	PARK FL 33309-5633			1.4 CITY-							Addition
TITL	.E				DELETE	2.1 TITLE						Change	Addition
NAN	Æ .					2.2 NAMI	E						1
STR	REET ADDRESS					2.3 STRE	ET ADDR	SS					Į
CITY	r-ST-ZIP					2. 4 CITY	-ST-ZIP						
TITL	.E				☐ DELETE	31 TITLE	-					☐ Change	☐ Addition
NAM	AE					3 2 NAM	E						ŀ
STF	REET ADDRES S					3.3 STRE	ET ADDR	ss					ľ
CIT	Y-ST-ZIP					3.4. CITY	-ST-ZIP	<u> </u>				<u> </u>	
TIT	LE				☐ DELETE	4.1 TITLE	•					☐ Change	☐ Addition
NAM	ИE					4 2 NAM	ΙE						İ
STF	REET ADDRES S					4.3 STRE	ETADDR	ESS					
cir	Y-ST-ZIP					4.4 CITY	-ST-ZIP						
TITL	.E				☐ DELETE	51 TITLE	•					Change	☐ Addition [
NAN	Æ					5.2 NAM	E						
STR	REET ADDRES S					5.3 STRE	ET ADDR	SS					
CIT	Y-ST-ZIP					5.4 CITY					<u> </u>		
TITL	.E				☐ DELETE	6.1 TITLE						Change	Addition
NAM	ME					62 NAM	E						
STF	REET ADDRES S					6.3 STRE	ET ADDR	SS					}
CIT	Y-ST-ZIP					6.4 CITY							
14	. I hereby o	certify that the i	nformation supplied with	this filing does	s not qualify for th	e exem	ption st	ated in S	Section 119.0	7 3)(i), Florida S	itatutes. I further ca	rtify 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 eath; 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 attach nent with an address, with a Lother like empowered.

SIGNATURE:

IGNATI REAND TYPED ORT RINTED NAME OF SIGNING OFFICE! OR DIRECTOR

04-12-99

95:1-9756365

CR2E034 (11/98)