

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 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90005 029 \*\*\*150.00

DOCUMENT # P98000073773

1. Corporation Name

L.A. MULTI-MARKETS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/31/1998

4. FEI Number

65-0860199

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

FRANK, RITA  
5555 COLLINS AVE. STE 14T  
MIAMI BEACH, FL., 33139

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 607.0508, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/30/99

## OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change☐ Addition

P  
FRANK, RITA  
5555 COLLINS AVE. STE 14T  
MIAMI BEACH, FL., 33139

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE☐ DELETE☐ DELETE☐ DELETE☐ DELETE☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone

4/30/99

305-2615610