

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90171 028 ***150.00

0270855

PROFIT CORPORATION
ANNUAL REPORT
1999

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



DOCUMENT # P9000076437

1. Corporation Name Lady Bond Inc.



Principal Place of Business 1575 B. N.W. 14th St
Miami FL 33125

Mailing Address 1575 NW 14th St

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 2. Principal Place of Business 21 1575 NW 14th St | | 2a. Mailing Address 26 1575 NW 14th St | | 4. FEI Number Applied | | 3. Date Incorporated or Qualified 9/2/98 | |
| Suite, Apt. #, etc. 22 B NW 14th St | | Suite, Apt. #, etc. 27 "B" | | 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| City & State 23 Miami FL 33125 | | City & State 28 Miami FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip 24 33125 | | Zip 29 33125 | | Country 30 US | | 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent Martha Lopez 1575 B NW 14th St Miami FL 33125 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | | 84 City | | | |
| 85 Zip Code | | | | FL | | | |

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 | | (NOTE: Registered Agent signature required when reinstating) | | DATE | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME Martha Lopez | | | | 1.2 NAME | | | |
| STREET ADDRESS 1575 NW 14th St | | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP Miami FL 33125 | | | | 1.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME Donna Holman | | | | 2.2 NAME | | | |
| STREET ADDRESS 1575 NW 14th Street | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP Miami FL 33125 | | | | 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)(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:

Donna Holman VP 4/26/99 3269996