PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000100896

LAMCAM ENTERPRISES, INC.

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90261 041 ***150.00

		and the second state of the				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Principal Plac		Mailing Address				1		
6965 HARDING	AVENUE	POST OFFICE BOX 414315	•			,		
UNIT 503 Miami Beach F: 33141		MIAMI BEACH FL 33141				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	7	
						12/04/1998	1	
2 Principal P	lace of Business	2a. Mailing Address				4 FFI Number Applied For	1	
	and of business	<u>⊢</u>				EIN 65-0880553 Not Applicable	1	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional	1	
22	#, all.	27				5. Certificate of Status Desired . Fee Required	٠ (٠	
City & Stat	9	City & State				6. Election Campaign Financing 55.00 May Be	1	
23		28			<u> </u>	Trust Fund Contribution Added to Fees	.	
· Zip	Country	Zip	Cou	vrbv		8. This corporation owes the current year intangible	1	
24	25	29	30	•		Personal Property Tax.	İ	
<u> </u>	9. Name and Address of Curre		1201	ι –		10. Name and Address of New Registered Agent	1	
	S. Harrie Mile Address of Carre	ALL INDUSTRIAL PROPERTY.		81	Name		1	
AMEF	RILAWYER						┨	
343 A	ALMERIA AVENUE			82	Street Addres	ess (P.O. Box Number Is Not Acceptable)	1	
	AL GABLES FL 33134			B3				
						·]	
				84	City	FL 85 Zip Code		
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	bove-	named corpor	retion submits this statement for the purpose of changing its registered	1	
office or r	egistered agent, or both, in the State	e of Florida. Such change was	authorized	by t	he corporation	n's board of directors. I heraby accept the appointment as registered		
agent. i a	m ramiliar with, and accept the bong	jations of, Section 607.0303, Fi	onua stat	rrea.			1	
SIGNATURE	Signature, typed or printed name of registered ag	ent and this if applicable (NOT	F- Recustered	Acent I	signature required v	when reinstating) CATE	12	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	11/08	
TITLE	PSD	☐ DELETE	1.1 TI	TLE		Change Addition] Ξ	
NAME	ALVAREZ, LUIS R		1.2 N	AME				
STREET ADDRESS	6965 HARDING AVENUE		138	RFFT A	LOORESS		25034	
	MIAMI BEACH F: 33141			TY-ST-		·	5	
CITY-ST-ZIP	VTD			1-01-7	A			
HILE		DOELETE		ΠE		☐ Change ☐ Addition] ਹ	
	· · =	DELETE	2.1 ∏	-		☐ Change ☐ Addition] [
NAME	ALVAREZ, CATALINA	DELETE	2.1 TI 2.2 N	WE		☐ Change ☐ Addition] [
NAME STREET ADDRESS	ALVAREZ, CATALINA 6985 HARDING AVENUE	DELETE	21 TI 22 NI 23 ST	ME TREET A	ODRESS.] [
STREET ADDRESS	ALVAREZ, CATALINA		21 TI 22 N 23 ST - 24 C	ME IREET A		··	0	
STREET ADDRESS CITY-ST-ZIP TITLE	ALVAREZ, CATALINA 6985 HARDING AVENUE	DELETE	21 TI 22 N 23 ST - 24 C 3.1 TI	NAE IREET A ITY-ST- ILE				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	ALVAREZ, CATALINA 6985 HARDING AVENUE		2.1 TI 2.2 NV 2.3 Si 2.4 C 3.1 TI 3.2 NV	ME TREET A TTY-ST- TLE ME	-ZIP .	··		
STREET ADDRESS CITY-ST-ZIP TITLE	ALVAREZ, CATALINA 6985 HARDING AVENUE		21 TI 22 N 23 ST 2 4 C 3.1 TI 32 N 33 ST	NAME ITY-ST- ILE NAME ITYEET A	ZIP	··		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, CATALINA 6985 HARDING AVENUE	☐ DÉLETE	21 TI 22 N 23 Si 2 4 C 3.1 TI 32 N 33 Si 34 C	ME IREET A ITY-ST- ILE IME IREET A ITY-ST-	ZIP	☐ Chenge ☐ Addition		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, CATALINA 6985 HARDING AVENUE	☐ DÉLETE	21 TI 22 N 23 Si 2 4 C 3.1 TI 32 N 33 Si 34 C	ME ITY-ST- ILE ME IREET A ITY-ST- ILE	ZIP	☐ Chenge ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ALVAREZ, CATALINA 6985 HARDING AVENUE	☐ DÉLETE	2.1 TI 2.2 NI 2.3 ST 2.4 C 3.1 TI 3.2 NI 3.3 ST 3.4 C 4.1 TI 4.2 NI	ME TREET A TTY-ST- TLE TREET A TTY-ST- TLE	ZIP	☐ Chenge ☐ Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ALVAREZ, CATALINA 6985 HARDING AVENUE	☐ DÉLETE	21 TI 22 NV 23 ST 24 CC 3.1 TI 32 NV 33 ST 34. CC 4.1 TI 4.2 NV 43 ST	ME TREET A TTY-ST- TLE TREET A TTY-ST- TLE	DORESS OF DORESS	Change Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ALVAREZ, CATALINA 6985 HARDING AVENUE	☐ DÉLETE	21 TI 22 NV 23 ST 24 CC 3.1 TI 32 NV 33 ST 34. CC 4.1 TI 4.2 NV 43 ST	TY-ST- TLE TREET A TY-ST- TLE TREET A TY-ST- TLE TY-ST-	DORESS OF DORESS	☐ Chenge ☐ Addition		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ALVAREZ, CATALINA 6985 HARDING AVENUE	☐ DÉLETE	21TT 22NN 23ST 34.CC 41TT 4.2NN 4.3ST 4.4 CC 5.1TT 5.2NN	MANE TREET A TITLE MANE TREET A TITLE TREET A	DORESS OF DORESS	Change Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ALVAREZ, CATALINA 6985 HARDING AVENUE	☐ DÉLETE	21TT 22NN 23ST 24C 31TT 32NN 33ST 34.C 41TT 4.2NN 4.3ST 4.4 CC 5.1TT 52NN 5.3ST	MANE TREET A TITLE MANE TREET A TITLE TREET A	DORESS ZP DORESS	Change Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	ALVAREZ, CATALINA 6985 HARDING AVENUE	☐ DÉLETE	21TT 22NN 23ST 24C 31TT 32NN 33ST 34.C 41TT 4.2NN 4.3ST 4.4 CC 5.1TT 52NN 5.3ST	TREET AME TREET AME TREET AME TREET AME TREET AME TY-ST-1 TLE TY-ST-1 TLE	DORESS ZP DORESS	Change Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, CATALINA 6985 HARDING AVENUE	☐ DELETE	21TT 22NN 23ST 24C 3.1TT 32NN 33ST 34.CC 4.1TT 4.2NN 4.3ST 4.4CT 5.1TT 52NN 5.3ST 5.4CT 5.	IREET A ITY-ST- ILE	DORESS ZP DORESS	Change Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, CATALINA 6985 HARDING AVENUE	☐ DELETE	21 TT 22 NV 23 ST 24 CC 3.1 TT 3.2 NV 3.3 ST 4.4 CC 4.1 TT 5.2 NV 5.3 ST 5.4 CT 6.1 TT 6.2 NV 5.2 NV 5.3 ST 5.4 CT 6.1 TT 6.2 NV 5.3 ST 5.4 CT 6.2 NV 5.3 ST 5.2 NV 5.3 ST 5.4 CT 6.2 NV 5.3 ST 5.2 NV 5.3 ST 5.2 NV 5.3 ST	IREET A ME	DORESS ZP DORESS	Change Addition		

14. 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 tike empowered.

SIGNATURE:

HINATURE REQUIRED ON PRINTED THE OF BIGHING OFFICER ON DIRECTOR

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