

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S25839 (9)
1. Corporation Name
LAOMAN'S INC.



Principal Place of Business
**1611 ALTON RD
MIAMI BEACH FL 33139**

Mailing Address
**1611 ALTON RD
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified
01/17/1991

3a. Date of Last Report
01/20/1995

4. FEI Number
65-0248069

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

**GONZALEZ, NEREYA
1611 ALTON RD
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

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 607.1506, 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

Signature of type or printed name of registered agent (if applicable)

(If filer: Registered Agent signature required when no listing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
PD	GONZALEZ, NEREYA	8510 SW 15TH TER	MIAMI FL	
SO	SARDINAS, LISETTE	8300 SW 13 TERRACE	MIAMI FL	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐ Change ☐ Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐ Change ☐ Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐ Change ☐ Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐ Change ☐ Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐ Change ☐ Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐ Change ☐ Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐ Change ☐ Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Nereya Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NEREYA GONZALEZ PRESIDENT

05/01/96 (305) 261-5818
DATE TELEPHONE

CR2E034 (12/95)