

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 12:05

DOCUMENT # S46051 (6)

1. Corporation Name
BLACK LACE INVESTMENTS, INC.

Principal Place of Business Mailing Address
25 S.E. 2ND AVENUE SUITE 220 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/17/1991	3a. Date of Last Report 02/01/1994
4. FEI Number 65-0255566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 City & State 22 City & State 23 City & State 24	2a. Mailing Address 26 City & State 27 City & State 28 City & State 29
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9. Name and Address of Current Registered Agent MULLIN, TERRANCE J P.A. 75 VALENCIA AVENUE STE. 400 CORAL GABLES FL 33134	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
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS IN 12	
1. NAME DPS ROSEN, BORIS	1.1 TITLE 	1.1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS 25 S.E. 2ND AVE. #220	1.2 NAME 	1.1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. CITY & STATE MIAMI FL	1.3 STREET ADDRESS 	1.1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. CITY & STATE MIAMI FL	1.4 CITY & STATE 	1.1.4 CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. NAME DT ROSEN, JEANNE	1.5 STREET ADDRESS 	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. STREET ADDRESS 25 S.E. 2ND AVE. #220	1.6 CITY & STATE 	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. CITY & STATE MIAMI FL	1.7 NAME 	1.4 CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. CITY & STATE MIAMI FL	1.8 STREET ADDRESS 	1.5 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. NAME 	1.9 CITY & STATE 	1.6 CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. STREET ADDRESS 	1.10 NAME 	1.7 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. CITY & STATE 	1.11 STREET ADDRESS 	1.8 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. CITY & STATE 	1.12 CITY & STATE 	1.9 CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 11.03, Florida Statutes. I further certify that the information is the true and correct information of the corporation and that my signature shall have the same legal effect as if made in ink. I am familiar with, and accept the obligations of, Chapter 11.03, Florida Statutes, and that my name appears on the list of directors of the corporation.

SIGNATURE: *Boris Rosen* **BORIS ROSEN** 1/11/95 305-374-2001