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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V04133

(7)

LAGO MAR FINANCIAL CORP.

Mailing Address

FILED Feb 03 1997 8:00am Secretary of State



108 SOUTHEAST 8TH AVENUE FORT LAUDERDALE FL 33301			108 SOUTHEAST 8TH AVENUE FORT LAUDERDALE FL 33301-2023			
				3. Date Incorporated or Qualified 01/06/1992	3a. Date of Last Report 03/04/1996	
└──		2a. Mailing Address		4. FEI Number 65-0320642	Applied For	
Suile, Apt. #, etc.		26 Suite Ant # etc	Suite, Apt. #, etc.		Not Applicable \$8.75 Additional	
22		<u> </u>	27		Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z (p	The solution of the solution o			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	oke, Eugene L		81 Name			
% NEW HARBOR FINANCIAL 108 SE 8TH AVE, #114						
FT. LAUDERDALE FL 33301			83			
			B4 City		85 Zip Code	
44 Discounct	to the provisions of Caption	CO7 0502 and CO7 1500 Florida Statuto	h bha abaya nama	d association as hards this statement for the	FL 65 Zip Code	
l office or re	eaistered agent, or both, in	the State of Florida. Such change was a	uthorized by the cor	d corporation submits this statement for the proporation's board of directors. I hereby accept	pt the appointment as registered	
	m tamiliar with, and accept	the obligations of, Section 607.0505, Flor	riga Statutes,		·	
SIGNATURE.	Signature, typed or punted name of r	egistered agent and tine if applicable (NOTE	Registered Agent signatur	e required when reinstating)	DATE	
12.	OFFI	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
1ffLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	COOKE, EUGENE L.		1.2 NAME			
STREET AODRESS	108 SOUTHEAST 8TH		1.3 STREET ADDRESS		·	
CITY-ST-ZIP	FORT LAUDERDALE I	FL	1.4 CITY-SY-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-S1-ZIF			2. 4 CITY - ST - ZIP	i i i i i i i i i i i i i i i i i i i		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	l		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	·		
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-7:P		T nr. rec	5.4 CITY - ST - ZIP		Chares L Lawren	
TITLE		☐ DELETE	6.1 TITLE	J	Change Addition	
NAME			62 NAME			
STREET ADDRESS	i		6.3 STREET ADDRESS			
CITY-S1-ZIP			6.4 CITY - ST - ZIP			

I do 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 opport of 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 Lebrahed, or on an attachment with an address.

SIGNATURE