

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -5 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000021238 (9)

1. Corporation Name
L.A. AND ASSOCIATES, INC.

Principal Place of Business: 20047 S.W. 123RD DRIVE MIAMI FL 33177
Mailing Address: 20047 S.W. 123RD DRIVE MIAMI FL 33177

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	20733 SW. 86 CT.	26	20733 SW. 86 CT.	03/22/1993	03/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				65-0441173	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Miami Fla	28	Miami Fla	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	6. Election Campaign Financing Trust Fund Contribution	
33189		29	U.S.A.	<input type="checkbox"/>	
		30	U.S.A.	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ALVARADO, ERNESTO E
~~20047 S.W. 123RD DRIVE~~ 20733 SW. 86 CT.
MIAMI FL 33177 Miami Fla 33189

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, ERNESTO E	1.2 NAME	
STREET ADDRESS	20733 SW 86 CT	1.3 STREET ADDRESS	20733 SW. 86 CT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Florida 33189
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, LINDA K	2.2 NAME	
STREET ADDRESS	20733 SW 86 CT	2.3 STREET ADDRESS	20733 SW. 86 CT
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami Fla 33189
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JOSE E	3.2 NAME	
STREET ADDRESS	11965 S.W. 93RD TERRACE	3.3 STREET ADDRESS	000001530780
CITY-ST-ZIP	MIAMI FL 33186	3.4 CITY-ST-ZIP	-07/06/95--01049--005
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, BARBARA L	4.2 NAME	
STREET ADDRESS	11965 S.W. 93RD TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 partner 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 attached sheet with an address.

SIGNATURE: _____ (Signature and typed or printed name of officer or director) Date: 6-26-95 Daytime Phone: 305-663-3645

CR2E034 (3/95)