

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000021238 (9)**

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



Principal Place of Business  
**20733 SW 86TH CT  
MIAMI FL 33189**

Mailing Address  
**20733 SW 86TH CT  
MIAMI FL 33189**

3. Date Incorporated or Qualified <b>03/22/1993</b>	3a. Date of Last Report <b>07/05/1995</b>
4. FFI Number <b>65-0441173</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent

**ALVARADO, ERNESTO E  
20733 SW 86TH CT.DRIVE  
MIAMI FL 33189**

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 607.1508, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
2. NAME	<b>ALVARADO, ERNESTO E</b>	
3. STREET ADDRESS	<b>20733 SW 86 CT.</b>	
4. CITY, ST, ZIP	<b>MIAMI FL 33189</b>	
5. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
6. NAME	<b>ALVARADO, LINDA K</b>	
7. STREET ADDRESS	<b>20733 SW 86 CT</b>	
8. CITY, ST, ZIP	<b>MIAMI FL 33189</b>	
9. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
10. NAME	<b>LOPEZ, JOSE E</b>	
11. STREET ADDRESS	<b>11965 S.W. 93RD TERRACE</b>	
12. CITY, ST, ZIP	<b>MIAMI FL 33186</b>	
13. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
14. NAME	<b>LOPEZ, BARBARA L</b>	
15. STREET ADDRESS	<b>11965 S.W. 93RD TERRACE</b>	
16. CITY, ST, ZIP	<b>MIAMI FL 33186</b>	
17. TITLE	<input type="checkbox"/> DELETE	
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, as an attachment with an address.

SIGNATURE: *Ernesto E. Alvarado* (Ernesto E. Alvarado) 1-19-96 308-663-3645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature #)

CR2E034 (12/95)