

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

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**Mar 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000021238 (9)

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



**Principal Place of Business Mailing Address
20733 SW 86TH CT 20733 SW 86TH CT
MIAMI FL 33189 MIAMI FL 33189-3806**

3. Date Incorporated or Qualified 03/22/1993 3a. Date of Last Report 02/15/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** 20810 SW 23A ST.
22 20810 SW 23A ST. **27** Suite, Apt. #, etc.
23 Miami Fla **28** Miami Fla
24 33031 **25** USA **29** 33031 **30** USA

4. FEI Number 65-0441173 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**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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)
 20810 SW 23A ST.
83 Miami
84 City **85 Zip Code**
 FL 33031

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) (Type or printed name of registered agent, and if not applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ALVARADO, ERNESTO E	1.2 NAME	
STREET ADDRESS	20733 SW 86 CT.	1.3 STREET ADDRESS	20810 SW 23A ST.
CITY- ST- ZIP	MIAMI FL 33189	1.4 CITY- ST- ZIP	Miami Fla 33031
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ALVARADO, LINDA K	2.2 NAME	
STREET ADDRESS	20733 SW 86 CT	2.3 STREET ADDRESS	20810 SW 23A ST
CITY- ST- ZIP	MIAMI FL 33189	2.4 CITY- ST- ZIP	Homestead, Fla 33031
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LOPEZ, JOSE E	3.2 NAME	
STREET ADDRESS	11965 S.W. 93RD TERRACE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33186	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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: Ernest E Alvarado **3/18/97 - 245-9954**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)