FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -7 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K65323 (3)

1. Corporation Name
LA PAZ, INC.

Principal Place of Business	Mailing Address
~~703 N. MIAMI ST., STE C~~ ~~GAINESVILLE FL 32601~~	~~137 ST. CROIX AVE. COCOA BEACH FL 32931 US~~ Rt.1,Box398 Banner Elk, NC 28604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/13/1989
3a. Date of Last Report: 11/03/1994

2. Principal Place of Business
21: 6211 N. Atlantic Ave
22: Suite, Apt. #, etc.
23: City & State: Cape Canaveral, FL
24: Zip: 32920
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3016877 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARREN, ROBERT J
703 N. MAIN STREET
SUITE C
GAINESVILLE FL 32601

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☑ Change ☐ Addition
NAME	WARREN, LENORE	1.2 NAME	
STREET ADDRESS	~~137 ST CROIX AVE~~	1.3 STREET ADDRESS	ROUTE 1, BOX 398
CITY-ST-ZIP	~~COCOA BCH FL~~	1.4 CITY-ST-ZIP	BANNER ELK, NC 28604
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	KENDALL, CAROL	2.2 NAME	
STREET ADDRESS	1435 NEWFOUND HARBOR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	AVPD	3.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, WILLIAM	3.2 NAME	
STREET ADDRESS	1447 NEWFOUND HARBOR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, ROBERT	4.2 NAME	
STREET ADDRESS	703 N. MAIN STREET, SUITE C	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 asterisk.

SIGNATURE: _____ Robert J. Warren 3-2-95 904-377-6600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0068840 CP