

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

APPROVED AND FILED

95 MAY -1 7:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000042384 (5)**
1. Corporation Name
LAPOINTE SEWING AND CANVAS INDUSTRIES, INC.

Principal Place of Business Mailing Address
12341 SW 191 TERR MIAMI FL 33177 **12341 SW 191 TERR MIAMI FL 33177**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/26/1994** 3a. Date of Last Report
4. FEI Number **65-0493347** 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 § 199.027 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **18689 S.W. 105th PL.** 26 **18689 S.W. 105th PL.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Miami, FL** 28 **Miami, FL**
Zip Country Zip Country
24 **33157** 25 **USA** 29 **33157** 30 **USA**

9. Name and Address of Current Registered Agent
LAPOINTE, TAMMY J
12341 SW 191 TERR
MIAMI FL 33177

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 agent 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 below of registered agent and the date of filing) (NOTE: Registered Agent signature required when registering.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	Louis R. LaPointe
STREET ADDRESS		3. STREET ADDRESS	12341 SW 191 Terrace
CITY - ST - ZIP		4. CITY - ST - ZIP	Miami, FL 33177
TITLE		21. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	John J. LaPointe
STREET ADDRESS		23. STREET ADDRESS	18689 S.W. 105th Place
CITY - ST - ZIP		24. CITY - ST - ZIP	Miami, FL 33157
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 119.073(6), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Tammy J. Lapointe* *Louis R. LaPointe* **4/10 95** **305 254 0280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)