2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 14, 2007 8:00 am Secretary of State 05-14-2007 90090 016 ***150.00 **DOCUMENT #173832** LASCO INTERNATIONAL INC 40112733 Principal Place of Business Mailing Address 4511 N.W. 37 COURT 9192 CORAL WAY STE 201 MIAMI, FL 33142 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-0761501 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -- Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Richard E. Villoch</u> CABALLERO, MARCIA B. Street Address (P.O. Box Number is Not Acceptable) 9142 CORAL WAY STE 201 MIAMI, FL 33165 4511 NW 37th Court Miami 8. The above named entity submits this statement for the purpose of charting its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept OTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE ☐ Delete TITLE ☐ Change ■ Addition VILLOCH, ERNESTO E. NAME STREET ADDRESS SUBJECT ADDRESS 140 MORNINGSIDE DR CITY-\$1-ZIP CORAL GABLES, FL CITY-S1-ZIP VSD ☐ Delete TITLE Change ■ Addition VILLOCH, LUCRECIA R. NAME NAME 140 MORNINGSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change ☐ Addition VD NAME' NAME Villoch, Richard 5. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 4511 NW 37th Court, Miami, Fl 33142 Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TATLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employered.

Daytime Phone #