FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

(6) 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 538660 (2)

1. Current Corporate Name
LAPERLA, INC.

Principal Place of Business
1818 E. SUNRISE BLVD
FT. LAUDERDALE FL 33304

Mailing Address
1818 E. SUNRISE BLVD
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1977
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-1750832
☐ Applied For
☐ Not Applicable

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. Does corporation qualify for exemption under s. 220.183, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~RUMIN, EDWARD~~
~~2870 E. OAKLAND PARK BLVD.~~
~~FT. LAUDERDALE FL 33306~~

10. Name and Address of New Registered Agent

81 Name: Di Leo, Antonio
82 Street Address (P.O. Box Number is Not Acceptable): 2461 N.W. 69th Ct.
83
84 City: Fort Lauderdale FL 85 Zip Code:

11. I hereby accept the appointment as registered agent of the above stated corporation to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNATURE:

12. OFFICERS AND DIRECTORS

TITLE	PDV
NAME	DI LEO, ANTONIO
ADDRESS	2461 NW 69TH CT.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	ST
NAME	LACROIX, DONALD
ADDRESS	C/O 1818 E. SUNRISE BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

☐ Change ☐ Addition
TITLE
NAME
ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
ADDRESS
CITY-ST-ZIP

14. To the best of my knowledge, all the information supplied with the above is complete, accurate and true and I qualify for the reporting option pursuant to Section 607.1622, Florida Statutes. I further certify that the corporation named in this report or application has complied with all applicable filing requirements of Chapter 607, Florida Statutes, and that the number of Florida employees of the corporation, if applicable, is correctly stated herein.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0211607 CP