FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000004563 (1)**

1. Corporation Name

LOGRET IMPORT & EXPORT CO

Principal Place of Business

PO BOX 620218
SAN DIEGO CA 92162

Mailing Address

PO BOX 620218
SAN DIEGO CA 92162

3. Date Incorporated or Qualified: **09/20/1995**

3a. Date of Last Report:

4. FEI Number: **95-3264333** — 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

2. Principal Place of Business

21
22 Suite, Apt. # etc.
23 City & State
24 Zip — 25 Country

2a. Mailing Address

26
27 Suite, Apt. # etc.
28 City & State
29 Zip — 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0202 and 617.1905, 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

12. OFFICERS AND DIRECTORS

7	D	☐ DELETE
8 NAME	LENORE, JAY M	
9 STREET ADDRESS	3543 QUALVIEW ST	
10 CITY-ST-ZIP	SPRING VALLEY CA 91977	
11	DV	☐ DELETE
12 NAME	PERGL, DAVID	
13 STREET ADDRESS	1463 ELMCROFT	
14 CITY-ST-ZIP	POMONA CA 91767	
15	P	☐ DELETE
16 NAME	LENORE, JOHN P	
17 STREET ADDRESS	11137 VALLEY LIGHTS DR	
18 CITY-ST-ZIP	EL CAJON CA 92020	
19	V	☐ DELETE
20 NAME	ALEXANDER, PHIL	
21 STREET ADDRESS	150 W FOOTHILL #13B	
22 CITY-ST-ZIP	POMONA CA 91767	
23	ST	☐ DELETE
24 NAME	LENORE, DOROTHY	
25 STREET ADDRESS	11137 VALLEY LIGHTS DR	
26 CITY-ST-ZIP	EL CAJON CA 92020	
27		☐ DELETE
28 NAME		
29 STREET ADDRESS		
30 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I declare, certify, that the information required by this report is true, complete 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 added, above or on an attachment with an address.

SIGNATURE: Roy Freeman — Roy Freeman — 1/17/96 — 619-232-6136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number