FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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	Mailing Address
PO BOX 620218 SAN DIEGO CA 92162	PO BOX 620218 SAN DIEGO CA 92162-0218

3. Date Incorporated or Qualified	3a. Date of Last Report
09/20/1995	01/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	95-3264333	Not Applicable
Suite, Apt #, etc. 22	Suite, Apt #, etc 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
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 607.0502 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 _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME **LENORE, JAY M**	1.2 NAME		
STREET ADDRESS **3543 QUALVIEW ST**	1.3 STREET ADDRESS		
CITY-ST-ZIP **SPRING VALLEY CA 91977**	1.4 CITY-ST-ZIP		
TITLE **DV** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME **PERGL, DAVID**	2.2 NAME		
STREET ADDRESS **1463 ELMCROFT**	2.3 STREET ADDRESS		
CITY-ST-ZIP **POMONA CA 91767**	2.4 CITY-ST-ZIP		
TITLE **P** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME **LENORE, JOHN P**	3.2 NAME		
STREET ADDRESS **11137 VALLEY LIGHTS DR**	3.3 STREET ADDRESS		
CITY-ST-ZIP **EL CAJON CA 92020**	3.4 CITY-ST-ZIP		
TITLE **V** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME **ALEXANDER, PHIL**	4.2 NAME		
STREET ADDRESS **150 W FOOTHILL #13B**	4.3 STREET ADDRESS		
CITY-ST-ZIP **POMONA CA 91767**	4.4 CITY-ST-ZIP		
TITLE **ST** ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME **LENORE, DOROTHY**	5.2 NAME		
STREET ADDRESS **11137 VALLEY LIGHTS DR**	5.3 STREET ADDRESS		
CITY-ST-ZIP **EL CAJON CA 92020**	5.4 CITY-ST-ZIP		
TITLE ☐ DELETE	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 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 address.

SIGNATURE: _(signature)_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/03/97   619-232-6136

Date   Daytime Phone #

CR2E034 (9/96)