FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95466

1. Corporation Name LA GORCE CORP. Principal Place of Business Mailing Address C/O HERBERT B. NOSLE C/O HERBERT B. NOBLE 2150 SANS SOUCI BLVD., APT. 202 2150 SANS SOUCI BLVD., APT. 202 NORTH MIAMI FL 33181 DO NOT WRITE IN THIS SPACE NORTH MIAMI FL 33181 3 Date Incorporated or Qualifed 08/13/1982 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-2251387 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 30 Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BELOFF, JONATHAN D 82 Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE, 19TH FLOOR **MIAMI FL 33131** 83 84 City Zip Code 85 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 OFFICERS AND DIRECTORS 12. <u>1</u>3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE PSTD ☐ Change TITLE 1.1 TITLE NOBLE, HERBERT B NAME 1.2 NAME 4800 DUFFERIN ST. STREET ADDRESS 1.3 STREET ADDRESS TORONTO, ONTARIO CANADA CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition 11577-375 NAME . 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Addition TITLE Change 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE ☐ Change ☐ Addition 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 6.1 TITLE TITLE ☐ Change ☐ Addition NAME **6.3 STREET ADDRESS** STREET ADDRESS

14. I 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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

AN 4/99 (305)

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90019 030 ***150.00

305) 8936920

CR2E034 (11/98)