

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:20

DOCUMENT # **G89725** (7)
1. Corporation Name
LA HARA CORP.

Principal Place of Business % LUIGI LA HARA 1602 S. FEDERAL HWY. STUART FL 34994 US	Mailing Address % LUIGI LA HARA 1602 S FEDERAL HWY. STUART FL 34994 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/12/1984	3a. Date of Last Report 07/07/1994
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2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2382181		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LA HARA, LUIGI 3831 SE SALERNO RD. STUART FL 33494				10. Name and Address of New Registered Agent 81 Name LAHARA LUIGI 82 Street Address (P.O. Box Number is Not Acceptable) 1602 S. FEDERAL HWY. 83 1602 S. FEDERAL HWY. 84 City STUART. 85 Zip Code FL 34994			
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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 *Luigi LaHara* (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LA HARA, LUIGI 5876 LAMAY DR. STUART FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.2 NAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Luigi LaHara* (NOTE: Registered Agent signature required when registering) DATE **JAN. 15 - 95 407-286-9346**