FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H97842 (9)

1. Corporation Name
LOUCHA, INC.

Principal Place of Business	Mailing Address
795 MARADO LANE P.O.BOX 5083 PT. CHARLOTTE FL 33948-2122	132 REVERE ST P.O.BOX 5083 PT. CHARLOTTE FL 33952 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1986
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business	2a. Mailing Address
21 132 REVERE ST	26 132 Revere ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port CHARLOTTE, FLA	City & State 28 Prt CHARLOTTE, FLA
Zip 24 33952 Country 25 CHARLOTTE	Zip 29 33957 Country 30 CHARLOTTE

4. FEI Number: 59-2722992 ☐ 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

9. Name and Address of Current Registered Agent

DONOFRIO, DEBORAH
795 MARADO LANE
PT. CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: ROBERTTA E MINTRONE
82 Street Address (P.O. Box Number is Not Acceptable): 132 Revere ST
83 Port Charlotte,
84 City FL 85 33952

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: Roberta E Mintrone — SECRETARY — 3-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	1.1 TITLE	PVT	☑ Change ☐ Addition
NAME	MINTRONE, CHARLES J.	1.2 NAME	MINTRONE CHARLES J	
STREET ADDRESS	132 REVERE STREET	1.3 STREET ADDRESS	132 REVERE STREET	
CITY-ST-ZIP	PT CHARLOTTE FL	1.4 CITY-ST-ZIP	PT CHARLOTTE, FLA	
TITLE	P	2.1 TITLE	S	☑ Change ☐ Addition
NAME	DONOFRIO, LOUIS	2.2 NAME	ROBERTTA E MINTRONE	
STREET ADDRESS	795 MARADO LANE	2.3 STREET ADDRESS	132 REVERE ST	
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE, FA	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 is voluntarily furnished 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 (changed, or added) with an address.

SIGNATURE: [signature] PVT 3-30-95 813-764-9434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0329631 CP