

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J95463

(2)

1. Corporation Name

LAGUNITA HOLDINGS, INC.

Principal Place of Business

915 MIDDLE RIVER DR
506
FT LAUDERDALE FL 33304
US

Mailing Address

915 MIDDLE RIVER DR
506
FT LAUDERDALE FL 33304
US

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

MORAITIS, GEORGE R.
915 MIDDLE RIVER DRIVE, SUITE 506
FT. LAUDERDALE FL 33304

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 607.01(1) and 607.01(2), 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 607.01(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
	POTS	RINCON, HOLLY S.	2101 NW 82ND AVE.	
		MIAMI FL		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this report is true and correct, and that the information is true and correct, 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 secretary or treasurer or authorized person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am just, or an authorized person with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

315-5134103

CR2E034 (12/95)