

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K65323 (3)

1. Corporation Name  
LA PAZ, INC.

Principal Place of Business

6211 N ATLANTIC AVENUE  
CAPE CANAVERAL FL 32920  
US

Mailing Address

6211 N ATLANTIC AVENUE  
8  
CAPE CANAVERAL FL 32920  
US



2. Principal Place of Business

21 6211 N. Atlantic

2a. Mailing Address

26 703 N. MAIN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Cape Canaveral

27 Suite C

City & State

City & State

23 FL

28 GAINESVILLE, FL

Zip

Country

Zip

Country

24 32920

25

29 32601

30

9. Name and Address of Current Registered Agent

WARREN, ROBERT J  
703 N. MAIN STREET  
SUITE C  
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

02/13/1989

3a. Date of Last Report

03/07/1995

4. FEI Number

59-3016877

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

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

TITLE DPT ☐ DELETE

NAME WARREN, LENORE  
STREET ADDRESS ROUTE 1 BOX 398  
CITY-ST-ZIP BANNER ELK NC

TITLE DVP ☐ DELETE

NAME KENDALL, CAROL  
STREET ADDRESS 1435 NEWFOUND HARBOR DR.  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE AVPD ☐ DELETE

NAME WARREN, WILLIAM  
STREET ADDRESS 1447 NEWFOUND HARBOR DRIVE  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE DS ☐ DELETE

NAME WARREN, ROBERT  
STREET ADDRESS 703 N. MAIN STREET, SUITE C  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)