

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sheila B. Mortman
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K78978** (9)

1. Corporation Name
L'ARNO NA, INCORPORATED



Principal Place of Business: **C/O W ED MOSS 3657 MAGUIRE BLVD. SUITE 150 ORLANDO FL 32803 US**

Mailing Address: **C/O W ED MOSS 3657 MAGUIRE BLVD. SUITE 150 ORLANDO FL 32803 US**

2. Principal Place of Business: **21** Suite, Apt #, etc. **22** City & State **23** Zip **24** County **25**

2a. Mailing Address: **26** Suite, Apt #, etc. **27** City & State **28** Zip **29** County **30**

9. Name and Address of Current Registered Agent

**MOSS, W. ED
 3657 MAGUIRE BLVD
 STE. 150
 ORLANDO FL 32803**

81 Name
 82 Street Address (P.O. Box Numbers Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1502, 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 607.1502, Florida Statutes.

SIGNATURE

Signature of corporation authorized to execute this statement

Signature of the registered agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEUNER, MICHAEL	
STREET ADDRESS	MOSERN 2, A-6100 MOSERN	
CITY-ST-ZIP	TIROL AU	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	N73 W5760 Apple Tree
4. CITY-ST-ZIP	Cedarburg, WI 53012
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 I am an officer or director of the corporation or supplemental annual report, and that my signature shall have the same legal effect as if made under oath. If a change of officer or director or change of address were to be reported in a subsequent report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of officer or director with an address.

SIGNATURE:

Michael Neuner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

414-3777693

Date

Telephone No.

CR2E034 (12/95)