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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 8:50

DOCUMENT # L30924 (9)

1. Corporation Name
LASB LASER CORP.

Principal Place of Business	Mailing Address
C/O STUART M. GOLD 8180 NW 36TH ST., SUITE 100 MIAMI FL 33166	C/O STUART M. GOLD 8180 NW 36TH ST., SUITE 100 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1989
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0156263 ☐ 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

GOLD, STUART M
8180 NW 36TH STREET
SUITE 100
MIAMI FL 33166

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PTD ☒ Change ☐ Addition
NAME	SANTANA-BLANK, LUIS A	1.2 NAME	De Santana, Elizabeth
STREET ADDRESS	CENTRO PROFESSIONAL EUROBUILDING PISO 6#6C	1.3 STREET ADDRESS	Centro Professional Eurobuilding Piso6#6C
CITY-ST-ZIP	CARACAS,VENEZUELA	1.4 CITY-ST-ZIP	Caracas, Venezuela
TITLE	S	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	PEREZ, RAFAEL P	2.2 NAME	Santana-Rodriguez, Jesus Alberto
STREET ADDRESS	CENTRO PROFESSIONAL EUROBUILDING PISO 6#6C	2.3 STREET ADDRESS	Centro Professional Eurobuilding Piso6#6C
CITY-ST-ZIP	CARACAS,VENEZUELA	2.4 CITY-ST-ZIP	Caracas, Venezuela
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	SCHEIDERMAN, URI	3.2 NAME	Santana-Blank, Luis Alberto
STREET ADDRESS	AVE. ANDRES BELLO	3.3 STREET ADDRESS	Centro Professional Eurobuilding Piso6#6C
CITY-ST-ZIP	CARACAS,VEMNEZUELA	3.4 CITY-ST-ZIP	Caracas, Venezuela
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	HARITON, PAUL	4.2 NAME	Santana-Rodriguez, Luis Rafael
STREET ADDRESS	AVE. ANDRES BELLO	4.3 STREET ADDRESS	Centro Professional Eurobuilding Piso6#6C
CITY-ST-ZIP	CARACAS,VEMNEZUELA	4.4 CITY-ST-ZIP	Caracas, Venezuela
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	ESSENFELD-YAHR, ERVIN	5.2 NAME	Santana-Rodriguez, Karin Elizabeth
STREET ADDRESS	AVE. ANDRES BELLO	5.3 STREET ADDRESS	Centro Professional Eurobuilding Piso6#6C
CITY-ST-ZIP	CARACAS,VEMNEZUELA	5.4 CITY-ST-ZIP	Caracas, Venezuela
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHEIDERMAN, URI	6.2 NAME	
STREET ADDRESS	AVE. ANDRES BELLOW	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	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 if changed, or on an attachment with an address.

SIGNATURE: [signature] ELIZABETH DE SANTANA 01/16/95 582-922146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102030 CP