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 MAR -3 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L31271 (4)

1. Corporation Name
LA CUMBRE, INC.

Principal Place of Business
% RICK STILL
~~67 S ROSCOE~~ 277 No.
PONTE VEDRA BEACH FL 32082

Mailing Address
P.O. BOX 1651
67 S ROSCOE
PONTE VEDRA FL 32004
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1989
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21 277 No. Roscoe Blvd.
Suite, Apt. #, etc. 22
City & State 23 Ponte Vedra, FL.
Zip 24 32082 Country 25 St. John

2a. Mailing Address
26 P.O. Box 1651
Suite, Apt. #, etc. 27
City & State 28 Ponte Vedra FL.
Zip 29 32004 Country 30 St. Johns

4. FEI Number: 59-2986906 — 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
STILL, RICK
67 S ROSCOE
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 277 No. Roscoe Blvd.
83
84 City Ponte Vedra FL 85 Zip Code 32082

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 _____ (NOTE: Registered Agent signature required when resulting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CESARE, BARBARA BEE	1.2 NAME	
STREET ADDRESS	500 E 77TH STREET, #2418	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	STILL, RICK	2.2 NAME	
STREET ADDRESS	67 S ROSCOE	2.3 STREET ADDRESS	277 No. Roscoe Blvd.
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	Ponte Vedra, FL 32082
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 indicated with an asterisk (*) 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 of this report or on an attachment with an address.

SIGNATURE: _____ 2/27/95 904 285 3333
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400435 FP