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 # **L79584** **(3)**

1. Corporation Name

LAKE LERLA CORPORATION

Principal Place of Business

1304 VINCENT PLACE
MCLEAN VA 22101
US

Mailing Address

C/O OCONNELL & GLOCK
1620 EYE ST NW. STE 202
WASHINGTON DC 20006
US

2. Principal Place of Business
21
State, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1901 Pennsylvania Ave NW
State, Apt. #, etc.
27 Suite 1000
City & State
28 Washington, D.C.
Zip 29 20006 Country 30

3. Date Incorporated or Qualified: **06/12/1990**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **52-1689040**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 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

12. OFFICERS AND DIRECTORS

TITLE	DS	☐ DELETE
NAME	O'CONNELL, JOHN W.	
STREET ADDRESS	1620 EYE ST NW, STE 202	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	P	☐ DELETE
NAME	KATTAN, WALEED H.	
STREET ADDRESS	1304 VINCENT PLACE	
CITY-ST-ZIP	MCLEAN VA	
TITLE	V	☐ DELETE
NAME	TABBARA, KAMEL M.	
STREET ADDRESS	1304 VINCENT PLACE	
CITY-ST-ZIP	MCLEAN FL	
TITLE	V	☐ DELETE
NAME	MONTOURI, WARREN K.	
STREET ADDRESS	2440 VIRGINIA AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
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 TITLE	☒ Change	☐ Addition
1 NAME		
1 STREET ADDRESS	1901 Pennsylvania Ave. N.W. #1000	
1 CITY-ST-ZIP	Washington, D.C. 20006	
2 TITLE	☐ Change	☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, 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 added, above or on an attachment with an address.

SIGNATURE: X _____ John W. O'Connell **2/26/96** **(202) 293-7909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

CR2E034 (12/95)