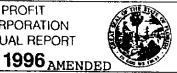
FILE NOW: FILING FEE AFTEK MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # 1. Corporation Name

L91632

FILED Aug 16 1996 8:00 am Secretary of State

1.L.B. INVESTMENT, INC.				
Principal Place	of Business	Mailing Address		
50 N. I	Laura St.	50 N. Laura	Q+	
	rnett Center			
	ville, FL 32202			0.2
}	,	040110111111	C, 11 322(- Date of Cast Meport
2. Principal Pa	ace of Business	2a. Mailing Address		4.55111
21		26		NOT APPLICABLE Not Applicable
Suite, Apt 1	etc.	Suite, Apt. #, etc.		
22 Cata 1 Santa		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	T	Trust Fund Contribution Added to Fees
24	25	29	Country 30	B. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes 📆 No
	9. Name and Address of Current		130	10. Name and Address of New Registered Agent
Comm			81 Name	The state of the s
Corporation Information Services, Inc. 1201 Hays Street 1202 Street Address (PO Box Number is Not Acceptable)				
Tallahassee, FL 32301				
1411	anassee, FL 323	ÛΙ	83	
			84 City	BS Zip Code
FI 10 Expenses				
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, 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, or both, in the State of Florida Such change was authorized by the corporation's board of directors.				
agent i annual with, and accept the bengations of, Section 607 0505. Florida Statutes				
SIGNATURE Signature typed or printed name of registered agent and trille if applicable (NOTE Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	I 1 TITLE	Change Addition
NAME	Baas, Lorraine	Yvonne	1 2 NAME	
STREET ADDRESS	Casa Serena #3 7017 Flemsdorf		13 STREET ADDRESS	
CITY - ST - ZIP	Switzerland	[] Dr. Fre	1.4 CITY-ST-ZIP	
NAME	= 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	☐ DELETE	2 1 TITLE	Change Addition
STREET ADDRESS			2 2 NAME	
CITY-ST-ZIP			2 3 STREET ADORESS	
TITLE		DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	Change Add-hor
NAME			32 NAME	t Change C Nation
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		DELETE	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP		Increte	4.4 C(TY - \$1 - Z(P	
NAME		DELETE	5 1 1/115	Change Add ho
STREET ADORESS			52 NAME	
CITY-ST-ZIP			5 3 STPEET ADDRESS 5 4 City - St - ZIP	
TITLE		DELETE	6 THILE	LChange Additio
NAME			6 2 NAME	800001924998 Addiso -08/19/9601005047
STREET ADDRESS	,		63 STREET ADDRESS	-08/19/9601005047
CITY-ST-ZIP			6 4 CITY - ST - ZIP	***61.25
I 14 I do heret	y certify that the information supplies	Luith this files is ealerstorie.		

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). 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 coath, 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 13 if changed, or on an attachment with an address.

SIGNATURE:

LOTTAINE YVONNE Baas

6 Trany of August 1996