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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N97000002754 (6)

1. Corporation Name
THE LA SALLE, INC.

Principal Place of Business	Mailing Address
323 S FEDERL HWY UNIT #5 LAKE WORTH FL 33460	323 S FEDERL HWY UNIT #5 LAKE WORTH FL 33460

3. Date Incorporated or Qualified: 05/12/1997

4. FEI Number: 59-2535560 ☐ Applied For ☐ Not Applicable

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

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EHRBAR, BOB
125 SUNFLOWER CIR
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name: NIEMI, MATTI
82 Street Address (P.O. Box Number is Not Acceptable): 323 S. FEDERAL HWY APT #5
83
84 City: LAKE WORTH FL 85 Zip Code: 33460

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: MATTI NIEMI Matti Niemi 1/26/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	NIEMI, MATT		1.2 NAME	HERNANDEZ, ISABEL	
STREET ADDRESS	323 S FEDERL HWY		1.3 STREET ADDRESS	323 S. FEDERAL HWY #9	
CITY-ST-ZIP	LAKE WORTH FL 33460		1.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIMILO, MICHELE		2.2 NAME		
STREET ADDRESS	323 S FEDERL HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EHRBAR, JEAN		3.2 NAME		
STREET ADDRESS	323 S FEDERL HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, RAAKEL		4.2 NAME		
STREET ADDRESS	323 S FEDERL HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EHRBAR, BOB		5.2 NAME		
STREET ADDRESS	125 SUNFLOWER CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MATTI NIEMI SIGNATURE REQUIRED Matti Niemi 1/26/98 561-586-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #