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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # · **P93000009917 (4)**

1. Corporation Name

LASER SHOP, INC.

Principal Place of Business

C/O 217 7TH ST.
MIAMI BEACH FL 33139

Mailing Address

C/O JAD & COMAPNY P.A
3400 CORAL WAY 6TH FLOOR
MIAMI FL 33145
US

3. Date Incorporated or Qualified: 02/01/1993

3a. Date of Last Report: 08/15/1995

2. Principal Place of Business
21 217 - SEVENTH STREET

22 Suite, Apt. #, etc

23 City & State: MIAMI BEACH, FLORIDA

24 Zip: 33139 25 Country: DADE

2a. Mailing Address
26

27 Suite, Apt. #, etc

28 City & State

29 Zip 30 Country

4. FEI Number: 65-0388888 ☐ 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

JORGE ANDRES DIAZ, CPA
3400 CORAL WAY
SUITE 601
MIAMI FL 33145

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 (Signature of President or Vice President or Chairman or Vice Chairman of Board) (If not, Authorized Agent Signature) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ FRIAS, JOSE A 401 OCEAN DR., #UNIT 1104 MIAMI BEACH FL 33139	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARAAD KONING, ANDRE ~~21990 S.W. 90TH AVE.~~ ~~MIAMI FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	555 N.E. PLAZA VENETIA WAY, UNIT 604 MIAMI, FLORIDA 33132	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MORALES, GUSTAVO A ~~801 N.W. 47TH AVE., SW 217~~ ~~MIAMI FL 33126~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	15410 SOUTHWEST 85TH LANE MIAMI, FLORIDA 33193-1207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MD~~ ~~SEIBOLD, ANDREAS J~~ ~~9181 FOUNTAINBLEU BLVD. #1~~ ~~MIAMI FL~~	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~DIAZ, JORGE A~~ 3400 CORAL WAY STE. #601 MIAMI FL 33145	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	MD DIAZ, JORGE ANDRES	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: GUSTAVO MORALES / OFFICER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-23-96 (305) 672-7467
Date Daytime Phone #