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 # **P93000031342 (7)**

1. Corporation Name

LA GLACE INTERNATIONAL INC.

Principal Place of Business

RICKS MINI MART
4050 EUCALYPTUS BLVD
LABELLE FL 33935
US

Mailing Address

NIKI FOOD STORE
950 N CENTRAL AVE SUITE #2
OVIEDO FL 32765

3. Date Incorporated or Qualified: **04/28/1993**

3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26 RICKS MINI MART.

Suite, Apt. #, etc.

27 4050, EUCALYPTUS BLVD.

City & State

28 LABELLE, FL.

Zip 29 33935 Country 30 U.S.

4. FEI Number: **65-0405738** — 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

JOSHI, ROHIT G
4061 N. EDGEWATER CIR.
LABELLE BEACH FL 33935

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 607.0505 and 607.1608, 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 Registered Agent or Officer or Director of Registered Agent Corporation

DATE

12. OFFICERS AND DIRECTORS

TYPE **D**
NAME **JOSHI, REKHA R**
STREET ADDRESS **4061 N. EDWATER CIR.**
CITY, ST, ZIP **LABELLE FL 33935**
☐ DELETE

TYPE
NAME
STREET ADDRESS
CITY, ST, ZIP
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CITY, ST, ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TYPE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
☐ Change ☐ Addition

2.1 TYPE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
☐ Change ☐ Addition

3.1 TYPE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
☐ Change ☐ Addition

4.1 TYPE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
☐ Change ☐ Addition

5.1 TYPE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
☐ Change ☐ Addition

6.1 TYPE
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 in compliance with Section 607.0505 and address.

SIGNATURE: Rekha R Joshi JOSHI. REKHA. R. 1. 23. 96 941. 675. 8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #