FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 19 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036348 (9)

1. Corporation Name

L. A.'S CAFE INC.

Principal Place of Business	Mailing Address
14306 N DALE MABRY TAMPA FL 33618	14306 N DALE MABRY TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3180770 ☐ 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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. # etc.: 22 / 27
City & State: 23 / 28
Zip: 24 / 29 — Country: 25 / 30

9. Name and Address of Current Registered Agent

SMITH, LYNN A
10705 CARROLL LAKE DR
TAMPA FL 33618

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 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, LYNN A
STREET ADDRESS	10705 CARROLL LAKE DR
CITY-ST-ZIP	TAMPA FL 33618

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — blank)

14. I 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: Lynn A Smith 5-1-95 A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0299046 CP

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000036698 (7)

1. Corporation Name
OUTLINE AUDIO SYSTEMS, INC.

Principal Place of Business
10779 SATELLITE BLVD
ORLANDO FL 32837

Mailing Address
10779 SATELLITE BLVD.
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3182926 — 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

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

9. **Name and Address of Current Registered Agent**
WATTLES, ROBERT C
301 E. HILLCREST ST.
ORLANDO FL 32301

10. **Name and Address of New Registered Agent**
81 Name: Luciano Salvati
82 Street Address (P.O. Box Number is Not Acceptable): 10779 Satellite Blvd
83
84 City: Orlando FL 85 Zip Code: 32837

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] Luciano Salvati - President 5-16-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	Change / Addition
NAME	BIFFI, GIORGIO	
STREET ADDRESS	RANICA (BG)IN VIA LOMBARDIA N 5	
CITY-ST-ZIP	24020 ITALY	
TITLE	D	Change / Addition
NAME	NOSELLI, GUIDO	
STREET ADDRESS	FLERO (BS) IN VIA LEONARDO DA VINCI N 56	
CITY-ST-ZIP	25020 ITLAY	
TITLE	D	Change / Addition
NAME	SALVATI, LUCIANO	
STREET ADDRESS	10779 SATELLITE BLVD	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	Change / Addition
NAME	GONZALEZ, CESAR	
STREET ADDRESS	10779 SATELLITE BLVD	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I 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)(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 on an attachment with an address.

SIGNATURE: [signature] Cesar Gonzalez 5-16-95 407-851-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0063263 CP