SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000050546

FILED Jul 14, 1999 8:00 am Secretary of State 07-14-1999 90012 047 ***150.00

Lashea inc.						588169 - 90012 -	g y *
						Harmer or terms our annual and	
							i i i i i i i i i i i i i i i i i i i
Principal Plac	ce of Business	Mailing Address				_{	II major o lkik album buli ucbu
3842 NW 126TH			3842 NW 126TH AVE				
CORAL SPRING			CORAL SPRINGS FL 33065				
US .		U\$	US			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
	,					07/12/1993	
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For
21		26	26			65-0430700	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			-		Fee Required
City & State		— <i>`</i>	City & State			6. Election Campaign Financing	\$5.00 May Be
23		·············	28			Trust Fund Contribution LJ	Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	ر الله ال
24	25	29	30			Intangible Personal Property.	Yes No
	9. Name and Address of Curre	ent Registered Agent		81	Nama	10. Name and Address of New Registered A	gent
ALIJEWICZ, ALEX C PA				"	Name		
14105 TERINA DR				82 Street Address (P.O. Box Number is Not Acceptable)			. ,
	LINGTON FL 33414						•
****	EMOTON 12 00414			83			
				84	City		85 Zip Code
					•	<u> </u>	
11. Pursuan	t to the provisions of sections 607.05	02 and 607.1508, Florida Statut	tes, the ab	ove-r	named corpor	ation submits this statement for the purpose of cha	nging its registered
office or agent. I	registered agent, or both, in the Star am familiar with, and accept the obli	te of Florida. Such change was igations of, section 607.0505, F	autnorized Iorida Stat	a by i	tne corporatio	on's board of directors. I hereby accept the appoint	ment as registered
SIGNATURE	,						
SIGNATORE	Signature, typed or printed name of registered ag	gent and title if applicable. (N	IOTE: Registe	red Ag	ent signature requi	ired when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P PAGE PRO L	DELETE	111 TITLE			L	_ Change
NAME	PAULIN, RICARDO J.		1.2 NAME		l l		
STREET ADDRESS	12060 NW 10TH ST		1.3 STREE		ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 Cf	TY-ST-	ZIP		
TITLE		DELETE	2.1 TIT	TLE		Ļ	_ Change
NAME .	(2.2 NAME				,
STREET ADDRESS	· .		2.3 ST	REET	ADDRESS		
CITY-ST-ZIP			2.4 Cl	TY-ST-	ZIP		
TITLE		DELETE 3.11		TLE			Change Addition
NAME -			3.2 NAME				,
STREET ADDRESS			3.3 STREET		ADDRESS		•
CITY-ST-ZIP .	*.				7îP		
TITLE]		3.4 CI	TY-ST-	2.11		
NAME .	1 .	DELETE	3.4 CIT		211		Change Addition
STREET ADDRESS		DELETE		TLE	2.11		Change Addition
		DELETE	4.1 TIT 4.2 NA	TLE	ADDRESS	· .	Change Addition
CITY-ST-ZIP		DELETE	4.1 TIT 4.2 NA 4.3 STI	TLE	ADDRESS		Change Addition
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT 4.2 NA 4.3 STI	TLE AME REET A	ADDRESS		Change Addition
			4.1 TIT 4.2 NA 4.3 STI 4.4 CF	TLE AME REET A TY-ST- TLE	ADDRESS		· .
TITLE			4.1 TIT 4.2 NA 4.3 STI 4.4 Cti 5.1 TIT 5.2 NA	TLE ME REET A TY-ST- TLE ME	ADDRESS		· .
TITLE NAME			4.1 TIT 4.2 NA 4.3 STI 4.4 CI 5.1 TIT 5.2 NA 5.3 STI	TLE ME REET A TY-ST- TLE ME	ADDRESS ZIP	[· .
TITLE NAME STREET ADDRESS			4.1 TIT 4.2 NA 4.3 STI 4.4 CI 5.1 TIT 5.2 NA 5.3 STI	TLE REET A TY-ST- TLE AME REET A TY-ST-	ADDRESS ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TIT 4.2 NA 4.3 STI 4.4 Ct' 5.1 TIT 5.2 NA 5.3 STI 5.4 Ct'	TLE AME REET A TLE AME REET A TY-ST-: TLE	ADDRESS ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.1 TIT 4.2 NA 4.3 STI 4.4 CF 5.1 TIT 5.2 NA 5.3 STI 5.4 CF 6.1 TIT 6.2 NA	TLE REET A TLE REET A TLE REET A TLE TLE AME	ADDRESS ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	4.1 TITI 4.2 NA 4.3 STI 4.4 CF 5.1 TITI 5.2 NA 5.3 STI 6.1 TITI 6.2 NA 6.3 STI	TLE REET A TLE REET A TLE REET A TLE TLE AME	ADDRESS ADDRESS ZIP ADDRESS		Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

588169-4011-47 P9300050544

La SHEA, INC.

3842 NW 126 Avenue ~ Coral Springs, FL 33065

July 07, 1999

Dept. of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:Document #P93000050546

I am writing to inform you that the first notice of the annual report for 1999 was never received. I did however receive the second notice but not until after the May'l due date. The annual report has never been filed late. I am very consciencious about filing all reports and tax returns in a timely manner.

Based on this and also based on the corporation's prior history of filing the annual reports on time I would like to request that the \$150 that is attached be accepted as payment in full for the 1999 annual report.

Yours truly,

Ricardo Paulin

President