

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -3 AM 10:00

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P93000076220 (1)

1. Corporation Name

LA REPOLLA EXPORT COMPANY, INC.

Principal Place of Business

5405 SW 28TH AVE
 Ocala FL 34474

Mailing Address

5405 SW 28TH AVE
 Ocala FL 34474

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1983

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3211158

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

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAZZARELLA, GENNARO A
 5405 SW 28TH AVE
 Ocala FL 34474

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, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
 NAME: MAZZARELLA, GENNARO A
 STREET ADDRESS: 5405 SW 28TH AVE
 CITY - ST - ZIP: Ocala FL 34474

1.1 TITLE: Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

TITLE: D
 NAME: SCALA, FABRIZIO
 STREET ADDRESS: 5405 SW 28TH AVE
 CITY - ST - ZIP: Ocala FL 34474

2.1 TITLE: Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

TITLE: D
 NAME: LUCIANI, DOMINGO A
 STREET ADDRESS: 5405 SW 28TH AVE
 CITY - ST - ZIP: Ocala FL 34474

3.1 TITLE: Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

TITLE:
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

4.1 TITLE: Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

TITLE:
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

5.1 TITLE: Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE:
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

6.1 TITLE: Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

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 110.07(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 executor 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:

Gennaro A. Mazzarella
 GENNARO A. MAZZARELLA 8/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1316

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