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 APR 25 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000048245 (2)**

1. Corporation Name
LBI GROUP, INC.

Principal Place of Business	Mailing Address
10100 W SAMPLE RD SUITE 312 CORAL SPRINGS FL 33065	10100 W SAMPLE RD SUITE 312 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0499074	☐ Applied For ☐ Not Applicable
21 10100 W. Sample Rd	26 10100 W. Sample Rd		
Suite, Apt. #, etc. 22 Suite 401	Suite, Apt. #, etc. 27 Suite 401	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Coral Springs, Fl	City & State 28 Coral Springs, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33065 25 USA	Zip / Country 29 33065 30 USA	7. This corporation has liability for taxes under S. 193.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

LOVITO, PAUL
10100 W SAMPLE RD
SUITE 312
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Lovito, PAUL
82 Street Address (P.O. Box Number is Not Acceptable): 10100 W. Sample Rd.
83: Suite 401
84 City: Coral Springs FL 85 Zip Code: 33065

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] PAUL Lovito President
(If signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	P/C/D	☐ Change ☒ Addition
NAME		1.2 NAME	PAUL F. Lovito JR.	
STREET ADDRESS		1.3 STREET ADDRESS	10100 W. Sample Rd, #401	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Coral Springs, Fl. 33065	
TITLE		2.1 TITLE	V/T/D	☐ Change ☒ Addition
NAME		2.2 NAME	Matthew J. Lovito	
STREET ADDRESS		2.3 STREET ADDRESS	10100 W. Sample Rd, #401	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Springs, Fl. 33065	
TITLE		3.1 TITLE	V/S/D	☐ Change ☒ Addition
NAME		3.2 NAME	Marc A. Lovito	
STREET ADDRESS		3.3 STREET ADDRESS	10100 W. Sample Rd., #401	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Springs, Fl. 33065	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: [signature] 1/6/95 (305)346-5799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL Lovito JR.

0100942 CP