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 # P94000073288

1. Corporation Name
D. Le B. Inc

Principal Place of Business: LAKELAND, FL

Mailing Address: C/o L. Annichiarico, 680 Poinsetta Park N., Encinitas, CA 92024

2. Principal Place of Business: 21 Hiway 98 S & Commercial Blvd
22 Suite, Apt. #, etc. —
23 City & State: LAKELAND FL
24 Zip: 33846 | 25 Country: USA

2a. Mailing Address: 26 680 Poinsetta Park N
27 Suite, Apt. #, etc.
28 City & State: Encinitas, CA
29 Zip: 92024 | 30 Country: USA

3. Date Incorporated or Qualified: 9/27/94
3a. Date of Last Report: 3/6/95
4. FEI Number: 650523506 — 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

DONALD L. LEBARON
5954 PARADISE POINT DR.
MIAMI, FL. 33157
(305) 252 - 9589

10. Name and Address of New Registered Agent

81 Name: DONALD L. LEBARON
82 Street Address (P.O. Box not acceptable): 5954 PARADISE POINT DR.
83 MIAMI, FL. 33157
(305) 252 - 9589
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] 3/15/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	Pres	☐ DELETE
NAME	DL Le Baron	
STREET ADDRESS	5954 SW 152 St	
CITY-ST-ZIP	Miami FL 33157	
TITLE	V.P. Treas	☐ DELETE
NAME	D. Aizcorbe	
STREET ADDRESS	19654 N 35 Pl.	
CITY-ST-ZIP	Phoenix, AZ 85024	
TITLE	Secitry	☐ DELETE
NAME	L. Annichiarico	
STREET ADDRESS	680 Poinsetta Pk N	
CITY-ST-ZIP	Encinitas CA 92024	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME	400001770044	
3 3 STREET ADDRESS	-04/05/96--01005--012	
3 4 CITY-ST-ZIP	***200.00	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres. D.L. Le Baron — 3/15/96 — 305 252-9589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Mailing Address: C/O L. ANNICHARICO, 680 POINSETTA PARK N, ENCINITAS, CA 92024

2. Principal Place of Business: COMMERCIAL
21 HIWAY 98 S & BLVD
Suite, Apt. #, etc.
22 —
City & State
23 LAKELAND FL
Zip 24 33846 Country 25 USA

2a. Mailing Address
26 680 POINSETTA PARK N
Suite, Apt. #, etc.
27
City & State
28 ENCINITAS, CA
Zip 29 92024 Country 30 USA

3. Date Incorporated or Qualified: 9/27/94
3a. Date of Last Report: 3/6/95
4. FEI Number: 650523506 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
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(305) 252 - 9589
84 City FL 85 Zip Code

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Signature, typed or printed name of registered agent and title if applicable

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NAME	DL LE BARON	
STREET ADDRESS	5954 SW 152 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V.P. TREAS	[ ] DELETE
NAME	D. AIZCORBE	
STREET ADDRESS	19654 N 35 PL.	
CITY-ST-ZIP	PHOENIX, AZ 85024	
TITLE	SECITRY	[ ] DELETE
NAME	L. ANNICHARICO	
STREET ADDRESS	680 POINSETTA PK N	
CITY-ST-ZIP	ENCINITAS CA 92024	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS	400001770044 -04/05/96--01005--012 ***200.00	
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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SIGNATURE: [signature] Pre. D.L. LE BARON 3/15/96 305 252-9589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #