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 JAN 27 AM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080683 (3)

1. Corporation Name

LA MANCHA, INC.

Principal Place of Business	Mailing Address
3132 N. PINE ISLAND RD. SUNRISE FL 33222	3132 N. PINE ISLAND RD. SUNRISE FL 33222

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report:

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)

4. FEI Number: 65-0537936 ☐ 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

MILSHTEIN, TZVI
3120 N. PINE ISLAND RD.
SUNRISE FL 33222

10. Name and Address of New Registered Agent

81 Name: NANCY STERN
82 Street Address (P.O. Box Number is Not Acceptable): 3130 N. PINE ISLAND RD
83:
84 City: SUNRISE, FL 85 Zip Code: 33351

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: x Nancy A. Stern. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/V.P./S/ ☒ Change ☐ Addition
NAME	MILSHTEIN, MICHAL	1.2 NAME	NANCY STERN
STREET ADDRESS	C/O 3132 N. PINE ISLAND RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33222	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	REMOVE FROM CORPORATION ☒ Change ☐ Addition
NAME		2.2 NAME	MICHAL MILSHTEIN
STREET ADDRESS		2.3 STREET ADDRESS	3132 N. PINE ISLAND RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SUNRISE FLA 33351
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	TIS. 1/27/95
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	900001395279
STREET ADDRESS		4.3 STREET ADDRESS	-02/01/95--01057--022
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****200.00 ☒ Change ☐ Addition
TITLE		5.1 TITLE	
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)(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: x Nancy A. Stern. 1/26/95 305-749-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230378 CP