

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000080683 (3)**

1. Corporation Name
LA MANCHA, INC.



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

Mailing Address
**3132 N. PINE ISLAND RD.
SUNRISE FL 33222**

3. Date Incorporated or Qualified
11/03/1994

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

**STERN, NANCY
3130 N. PINE ISLAND RD.
SUNRISE FL 33351**

81 Name **MICHAEL MILSSTEIN**

82 Street Address (P.O. Box Number is Not Acceptable)
3132 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

MICHAEL MILSSTEIN

Michael Milstein 11/17/96

(Signature, type or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVPS** ☒ DELETE
NAME **STERN, NANCY**
STREET ADDRESS **C/O 3132 N. PINE ISLAND RD.**
CITY-ST-ZIP **SUNRISE FL 33222**

1.1 TITLE **PVPST** ☒ Change ☐ Addition
1.2 NAME **MICHAEL MILSSTEIN**
1.3 STREET ADDRESS **3132 N. PINE ISLAND RD.**
1.4 CITY-ST-ZIP **SUNRISE, FL. 33351**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
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TITLE ☐ DELETE
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4.1 TITLE ☐ Change ☐ Addition
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5.1 TITLE ☐ Change ☐ Addition
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5.4 CITY-ST-ZIP

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

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **Michael Milstein**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/96
Date

305-5723885
Daytime Phone #

CR2E034 (12/95)