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

AUTHORIZED AND FILED

[illegible] 1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081534 (7)

1. Corporate Name
L & R ENTERPRISES ONE, INC.

Principal Place of Business
314 BUTTONWOOD DR
KISSIMMEE FL 34743

Mailing Address
314 BUTTONWOOD DR
KISSIMMEE FL 34743

Do not write in this space

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of First Qualified:

2. Principal Place of Business
21
City, State, Zip
22
Country
23
24 25

2a. Mailing Address
26
City, State, Zip
27
Country
28
29 30

4. FEI Number: 59-3280797 — 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. Has corporation ever been adjudged bankrupt under Federal Bankruptcy Laws? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PARTAP, RAGBIR
314 BUTTONWOOD DR
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent
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 Section 607.0501 of the 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. The 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 duties and responsibilities of registered agent under Section 607.0501 of the Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

Title	D
Name	PARTAP, RAGBIR
Street Address	314 BUTTONWOOD DR
City, State, Zip	KISSIMMEE FL 34743
Title	D
Name	RAGBIR, LILAWATIE
Street Address	314 BUTTONWOOD DR
City, State, Zip	KISSIMMEE FL 34743

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	☐ Change ☐ Add or Delete
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add or Delete
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add or Delete
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add or Delete
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add or Delete
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add or Delete
Name	
Street Address	
City, State, Zip	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as the acknowledgment required by Section 607.0207 of the Florida Statutes, that the corporation has complied with the applicable provisions of Section 607.0505 of the Florida Statutes, and that the corporation has paid, or has made provision for payment of, all fees and penalties due to the Department of State for filing this report.

SIGNATURE: X Partap R. Ragbir X 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0370450 CP