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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000084831 (4) 1. Corporation Name E. LATOUR & ASSOCIATES, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business 7700 N KENDALL DR. 415 MIAMI FL 33156 Mailing Address 7700 N KENDALL DR. 415 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1994 3a. Date of Last Report Applied For Not Applicable 4. FEI Number 65-0549414 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

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 25 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent LEITMAN, LORN 7700 N KENDALL DR, 415 MIAMI FL 33156

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 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 listed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when completing) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for Title, Name, Street Address, City, St, Zip for various officers.

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)(b), 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 of Lorn Leitman) DATE: 4/24/95 305-229-8922