SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000026821 (5)

1. Corporation Name

LOCANA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4431 S.W. 64TH AVENUE, SUITE 119 DAVIE FL 33314	4431 S.W. 64TH AVENUE, SUITE 119 DAVIE FL 33314

3. Date Incorporated or Qualified: 04/04/1995
3a. Date of Last Report:

2. Principal Place of Business
21 9112 GRIFFIN ROAD
Suite, Apt #, etc
22
City & State
23 COOPER CITY, FLORIDA
Zip
24 33328
Country
25 USA

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0573604 ☐ 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

HENDERSON, GLENN C
4431 S.W. 64TH AVENUE, SUITE 119
DAVIE FL 33314

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 ________________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	ZANKI, JOHN	
STREET ADDRESS	20560 N.E. 8TH COURT	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	S	☒ DELETE
NAME	ZANKI, JOHN	
STREET ADDRESS	20560 N.E. 8TH COURT	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	JOHN ZANKI	
1.3 STREET ADDRESS	11020 S.W. 42ND COURT	
1.4 CITY-ST-ZIP	DAVIE, FLORIDA 33328	
2.1 TITLE	SECRETARY	☒ Change ☐ Addition
2.2 NAME	SERGIO QUINTERO	
2.3 STREET ADDRESS	2843 S.W. 32ND COURT	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133	
3.1 TITLE	TREASURER	☒ Change ☐ Addition
3.2 NAME	ANITA EKMAN	
3.3 STREET ADDRESS	850 NW 36TH AVE #506	
3.4 CITY-ST-ZIP	PLANTATION, FL 33324	
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 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Zanki Pres. — John Zanki Aug 5, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #