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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000049583 (4)

1. Corporation Name

LOCUST MANAGEMENT, INC.



Principal Place of Business

112 S HIBISCUS DR
MIAMI FL 33139-5130

Mailing Address

112 S HIBISCUS DR
MIAMI FL 33139-5130

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGEN, CHRISTOPHER
112 S HIBISCUS DR
MIAMI FL 33139-5130

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of the registered agent, if the registered agent is not the corporation)

Signature (typed or printed name of the registered agent, if the registered agent is not the corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME

D
HEINKE, STEPHAN
112 S HIBISCUS DR
MIAMI FL 33139-5130

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME

D, P, T, S

☒ Change ☐ Addition

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME

☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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***200.00

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 supplement to an 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 registered agent 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHAN HEINKE

4/10/96

(305) 674-0023

CR2E034 (12/95)

4-26-96