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 # **S65547** **(9)**

1. Corporation Name
ARISTIZABAL LAFOSSE & SONS, INC.

Principal Place of Business	Mailing Address
CITRUS SPRINGS, FL CITRUS SPRINGS FL 34434 US	P.O. BOX 1162 DUNNELLON FL 34434 US

3. Date Incorporated or Qualified: **07/11/1991**
3a. Date of Last Report: **07/26/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

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

4. FEI Number: **59-3081009** ☐ 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

WILLIAMS, HERBERT
GOLFVIEW EXECUTIVE CENTER
2800 E SILVER SPRINGS BLVD STE. 202
OCALA FL 34470

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARISTIZABAL, BLANDINE L.		1.2 NAME	
STREET ADDRESS	TRANVERSAL 43 NO. 98/76		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE BOGOTA DC		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ARISTIZABAL, EDUARDO G.		2.2 NAME	
STREET ADDRESS	TRANVERSAL 43 NO. 98/76		2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE DE BOGOTA COLOMBIA		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ARISTIZABAL, LORENZO L.		3.2 NAME	
STREET ADDRESS	TRANVERSAL 43 NO. 98/76		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE DE BOGOTA COLOMBIA		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ARISTIZABAL, CAMILO L.		4.2 NAME	
STREET ADDRESS	2319 WEST ERIC DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434		4.4 CITY-ST-ZIP	
TITLE	BM	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COVO, HECTOR		5.2 NAME	200001869202
STREET ADDRESS	2319 WEST ERIC DRIVE		5.3 STREET ADDRESS	-06/20/96--01029--033
CITY-ST-ZIP	CITRUS SPRINGS FL 34434		5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)