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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:35

DOCUMENT # V12850 (6)

1. Corporation Name
GILBERT LACROIX, INC.

Principal Place of Business	Mailing Address
~~2606 NO OCEAN DR~~ ~~HOLLYWOOD FL 33019~~ ~~US~~	~~2606 NO OCEAN DR~~ ~~HOLLYWOOD FL 33019~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1992	3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0316689	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1150 ATLANTIC SHORE BLVD	26 1150 ATLANTIC SHORE BLVD.
22 Suite, Apt. #, etc. # 614	27 Suite, Apt. #, etc. 614
23 City & State HALLANDALE, FL	28 City & State HALLANDALE, FL
24 Zip 33009 25 Country U.S.	29 Zip 33009 30 Country U.S.

9. Name and Address of Current Registered Agent

~~LACROIX, GILBERT~~
~~2606 N. OCEAN DRIVE~~
~~HOLLYWOOD FL 33019~~

10. Name and Address of New Registered Agent

81 Name: GILBART LACROIX
82 Street Address (P.O. Box Number is Not Acceptable): 1150 ATLANTIC SHORE BLVD.
83: # 614
84 City: HALLANDALE FL 85 Zip Code: 33009

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: Gilbert Lacroix 01/25/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	GILBART LACROIX ☒ Change ☐ Addition
NAME	LACROIX, GILBERT	1.2 NAME	
STREET ADDRESS	2606 N. OCEAN DRIVE	1.3 STREET ADDRESS	1150 ATLANTIC SHORE BLVD. # 614
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(i), 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 any attachment with an address.

SIGNATURE: Gilbert Lacroix PRESIDENT 01/25/95 305-454-0758
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — (Optional) Phone #

0000334 CP