CORPORATION
ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V18764 (3)

1. Corporation Name
LAQ, INC.

Principal Place of Business	Mailing Address
550 BILTMORE WAY STE - 1110 CORAL GABLES FL 33134 US	550 BILTMORE WAY STE - 1110 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1992
3a. Date of Last Report: 05/01/1994

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: 65-0420859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X — $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

WEISENFELD, JOSEPH J.
~~% WEISENFELD & ASSOCIATES, P.A.~~
~~501 BRICKELL KEY DRIVE, SUITE 000~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 799 Brickell Plaza
83 #900
84 City: Miami FL 85 Zip Code: 33131

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 of application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	STERN, RODOLFO	12 NAME		
STREET ADDRESS	550 BILTMORE WAY #1110	13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D/P	☒ Change ☐ Addition
NAME	ECKSTEIN, BERNARD	22 NAME		
STREET ADDRESS	550 BILTMORE WAY #1110	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP		
TITLE	VTD	31 TITLE		☐ Change ☐ Addition
NAME	SERVIANSKY, DAVID	32 NAME		
STREET ADDRESS	550 BILTMORE WAY #1110	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	34 CITY-ST-ZIP		
TITLE	VSD	41 TITLE		☐ Change ☐ Addition
NAME	HORWITZ, ROBERTO	42 NAME		
STREET ADDRESS	550 BILTMORE WAY #1110	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	STERN, EDUARDO	52 NAME		
STREET ADDRESS	550 BILTMORE WAY #1110	53 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 an attachment with an address.

SIGNATURE: _____ 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date
RODOLFO STERN, President (305) 461-2440
Daytime Phone #

0140000 CP