

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G63679** (6)

1. Corporation Name  
**LLORELLA INSURANCE, INC.**



2. Principal Place of Business  
**521 S.W. 12TH AVENUE  
MIAMI FL 33130-2413**

3. Mailing Address  
**521 S.W. 12TH AVENUE  
MIAMI FL 33130-2413**

3. Date Incorporated or Qualified <b>10/05/1983</b>	3a. Date of Last Report <b>01/17/1995</b>
4. FEI Number <b>59-2346109</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**CANAL, JOSE C. ESQ.  
1250 N.W. 7TH STREET  
SUITE 202-205  
MIAMI, FLORIDA. 33125**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

11. Pursuant to the provisions of Sections 607.001(3) and 607.150(1), 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 607.150(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, STATE, ZIP	
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
2. CITY, STATE, ZIP	
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
5. CITY, STATE, ZIP	

14. I hereby certify that the information supplied to the filing authority complies with the filing requirements and does not qualify for the exemption stated in Section 19.074(3)(a), Florida Statutes. I further certify that the information included in this annual report or supplementary report is true and correct 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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report. My current mailing address is:

SIGNATURE: *[Signature]* **Enrique Lorella Inc.** 1-18-96 305-326-0177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)