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

APPROVED AND FILED

95 MAY -1 AM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **G68778** **(1)**

1. Corporate Name
LORIA ART & SIGN SUPPLY, INC.

Principal Place of Business
632 E. 4TH AVENUE
HIALEAH FL 33010

Mailing Address
632 E. 4TH AVENUE
HIALEAH FL 33010

3. Date Incorporated / Qualified: 11/10/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 530 E 4 Th ave
22 Suite Apt # or
23 City & State: Hialeah FL
24 Zip: 33010 25 Country: USA

2a. Mailing Address
26 530 E 4 Th ave
27 Suite Apt # or
28 City & State: Hialeah FL
29 Zip: 33010 30 Country: USA

4. FEI Number: 59-2342865 — 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 intangibles tax under S. 199.032, Florida Statutes: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
LOPEZ, SIGIFREDO
5890 W. 20 LANE
HIALEAH FL 33016

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 Section 607.0505, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOPEZ, SIGEFREDO
STREET ADDRESS	5890 W. 20 LANE
CITY, ST, ZIP	HIALEAH FL
TITLE	STD
NAME	RIVERA, DULCE MA.
STREET ADDRESS	5890 W. 20 LANE
CITY, ST, ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Add

14. I hereby certify that the information supplied with this report is correct and that I am aware and fully informed of the penalties for filing a false report under Section 817.155, Florida Statutes. I further certify that the officers and directors of the corporation as shown on this report are the officers and directors currently in office, and that the corporation has complied with the requirements of Section 607.0505, Florida Statutes, and that the registered agent listed in Block 9, or Block 10, if changed, is familiar with and accepts the duties and obligations of section 607.0505, Florida Statutes.

SIGNATURE: 4/25/95 FF53418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0079071 CP