

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McRitham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H69939 (7)
1. Corporation Name
LOFASO ENTERPRISES, INC.



Principal Place of Business
1855 PALM BEACH LAKES BLVD.
SUITE 503 FORUM-TOWER C
WEST PALM BEACH FL 33401
US

Mailing Address
PO BOX 6277
WEST PALM BEACH FL 33405-0277
US

3. Date Incorporated or Qualified 08/01/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2568947	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

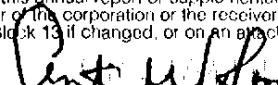
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOFASO, ANTHONY M 1855 PALM BEACH LAKES BLVD. SUITE 503 FORUM-TOWER C WEST PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	LOFASO, ANTHONY M	☐ Change ☐ Addition	
STREET ADDRESS	1855 PALM BEACH LAKES BLVD., SUITE 503	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
D	LOFASO, BLANCA H	☐ Change ☐ Addition	
STREET ADDRESS	1855 PALM BEACH LAKES BLVD., SUITE 503	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
		☐ Change ☐ Addition	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
		☐ Change ☐ Addition	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
		☐ Change ☐ Addition	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
		☐ Change ☐ Addition	
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 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:  3/15/97 (51) 689-6775

CP2E034 (9/96)