

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 FEB -9 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PA80000095958*

1. Corporation Name
Lorenzo Management Corporation

Principal Place of Business **Mailing Address**
Davis Devine Goodman & Wells
777 Brickell Avenue, Suite 980
Miami, Florida 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated For Qualified: **11/13/98**

4. FEI Number: **65 0876351** 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 owes the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21 242 N.W. 42nd Avenue Suite, Apt. #, etc.	26 242 N.W. 42nd Avenue Suite, Apt. #, etc.
22 City & State	27 City & State
23 Miami, Florida	28 Miami, Florida
24 Zip 33165 25 Country USA	29 Zip 33165 30 Country USA

9. Name and Address of Current Registered Agent

John W. Devine, Esq.
Davis Devine Goodman & Wells
777 Brickell Avenue, Suite 980
Miami, Florida 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

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
Signature, typed or printed name of registered agent and FEI (applicable)

12. OFFICERS AND DIRECTORS

TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change [] Addition
12 NAME	Director
13 STREET ADDRESS	Jose C. Lorenzo, Sr.
14 CITY-ST-ZIP	242 N.W. 42nd Avenue
21 TITLE	<input checked="" type="checkbox"/> Change [] Addition
22 NAME	President
23 STREET ADDRESS	Jose C. Lorenzo, Sr.
24 CITY-ST-ZIP	242 N.W. 42nd Avenue
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption state in Section 419.07(3)(b), 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, with an other fee empowered.

SIGNATURE: *Jose C. Lorenzo, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)