	ntity submits this statement for the purpose of changing its	
SIGNATURE:		
	Electronic Signature of Registered Agent	
Officer/Director Detail :		

Title	СР	Title	ASST. SECRETARY
Name	ALDUNCIN, JUAN P	Name	SPENCER, THOMAS R
Address	1550 MADRUGA AVENUE, SUITE 504	Address	1550 MADRUGA AVENUE, SUITE 504
City-State-Zip:	CORAL GABLES FL 33146	City-State-Zip:	CORAL GABLES FL 33146
Title	DIRECTOR	Title	SECRETARY
Name	VEGA, SUSANA E.	Name	LOZAN, CARLOS
Address	2724 PONCE DE LEON BLVD	Address	1550 MADRUGA AVENUE,
City-State-Zip:	CORAL GABLES FL 33134		SUITE 504
		City-State-Zip:	CORAL GABLES FL 33146

The above ts registered office or registered agent, or both, in the State of Florida. SIGNAT

1550 MADRUGA AVENUE, SUITE 504

1550 MADRUGA AVENUE, SUITE 504 CORAL GABLES, FL 33146 US

FEI Number: 82-2926868

CORAL GABLES, FL 33133 US

SPENCER, THOMAS R 2655 LEJUNE RD FIFTH FLOOR

Name and Address of Current Registered Agent:

Current Mailing Address:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS R SPENCER

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

10/07/2019 Date

ASSISTANT SECRETARY

2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F17000004507

Entity Name: LAPDOR CORPORATION

Current Principal Place of Business:

CORAL GABLES, FL 33146

FILED Oct 07, 2019 Secretary of State 8310843293CC