

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000004507

**FILED**  
**Jan 13, 2020**  
**Secretary of State**  
**7138113863CC**

**Entity Name:** LAPDOR CORPORATION

**Current Principal Place of Business:**

1550 MADRUGA AVENUE,  
SUITE 504  
CORAL GABLES, FL 33146

**Current Mailing Address:**

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

**FEI Number:** 82-2926868

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPENCER, THOMAS R  
2655 LEJUNE RD  
FIFTH FLOOR  
CORAL GABLES, FL 33133 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CP  
Name ALDUNCIN, JUAN P  
Address 1550 MADRUGA AVENUE,  
SUITE 504  
City-State-Zip: CORAL GABLES FL 33146

Title ASST. SECRETARY  
Name SPENCER, THOMAS R  
Address 1550 MADRUGA AVENUE,  
SUITE 504  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name VEGA, SUSANA E.  
Address 2724 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name LOZAN, CARLOS  
Address 1550 MADRUGA AVENUE,  
SUITE 504  
City-State-Zip: CORAL GABLES FL 33146

*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

**ASSISTANT SEC**

**01/13/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date