

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **419079** (9)

1. Corporation Name

LOVI DISTRIBUTORS INC



Principal Place of Business

Mailing Address

P. O. BOX 553
HIALEAH FL 33011
US

P. O. BOX 553
HIALEAH FL 33011
US

3. Date Incorporated or Qualified
02/15/1973

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number
59-1446516

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPEZ, MIGUEL ANGEL
9981 N.W. 135TH STREET
HIALEAH GARDENS FL 33016**

81 Name
EIZY V. LOPEZ

82 Street Address (P.O. Box Number is Not Acceptable)
9981 N.W. 135 STREET

83

84 City
HIALEAH GARDENS FL

85 Zip Code
33016

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 female with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Eizy Lopez President*

1-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	☐ DELETE
NAME	LOPEZ, EIZY	
STREET ADDRESS	9981 N.W. 135TH STREET	
CITY-STATE-ZIP	HIALEAH GARDENS FL	
TITLE	DP	☒ DELETE
NAME	LOPEZ, MIGUEL ANGEL	
STREET ADDRESS	9981 N.W. 135TH STREET	
CITY-STATE-ZIP	HIALEAH GARDENS FL	
TITLE	D	☐ DELETE
NAME	LOPEZ, MIGUEL ANGEL JR	
STREET ADDRESS	9981 N.W. 135TH STREET	
CITY-STATE-ZIP	HIALEAH GARDENS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
2. TITLE	☒ Change ☐ Addition
2. NAME	P/D
2. STREET ADDRESS	Eizy V. Lopez
2. CITY-STATE-ZIP	9981 N.W. 135 St
2. CITY-STATE-ZIP	Hialeah Gardens, FL 33016
3. TITLE	☒ Change ☐ Addition
3. NAME	T/D
3. STREET ADDRESS	Lopez, Miguel Angel JR
3. CITY-STATE-ZIP	9981 N.W. 135 ST.
3. CITY-STATE-ZIP	Hialeah Gardens FL
4. TITLE	☐ Change ☒ Addition
4. NAME	VP/D
4. STREET ADDRESS	Tania Lopez Tzamtzis
4. CITY-STATE-ZIP	9981 N.W. 135 St
4. CITY-STATE-ZIP	Hialeah Gardens FL-33016
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Eizy Lopez*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 (305)822-6853

CR2E034 (12/95)