

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

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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 419079 (9)

1. Corporation Name
LOVI DISTRIBUTORS INC

Principal Place of Business P. O. BOX 553 HIALEAH FL 33011 US	Mailing Address P. O. BOX 553 HIALEAH FL 33011 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1973	3a. Date of Last Report 01/25/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1446516	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LOPEZ, EIZY V. 9981 NW 135 STREET HIALEAH GARDENS FL 33018				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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: *Eizy V Lopez* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, EIZY	12 NAME	
STREET ADDRESS	9981 N.W. 135TH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, EIZY V.	22 NAME	PDS LOPEZ EIZY V
STREET ADDRESS	9981 NW 135 STREET	23 STREET ADDRESS	SAME
CITY - ST - ZIP	HIALEAH GARDENS FL	24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, MIGUEL ANGEL JR	32 NAME	
STREET ADDRESS	9981 N.W. 135TH STREET	33 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TZAMTZIS, TANIA LOPEZ	42 NAME	
STREET ADDRESS	9981 NW 135 STREET	43 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH GARDENS FL	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: *EIZY V. LOPEZ* *Eizy V Lopez* 1-6-97 (305) 822-6853

CR2E034 (9/96)