

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **634170** (5)

1. Corporation Name
SANT LOP CORP.



Principal Place of Business: **1321 S.W. 36 AVE. % LOPEZ EUGENIO GARCIA MIAMI FL 33145**
Mailing Address: **1321 S.W. 36 AVE. % LOPEZ EUGENIO GARCIA MIAMI FL 33145**

3. Date Incorporated or Qualified: **08/29/1979**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-2031950**
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

2. Principal Place of Business: 21 Suite, Apt #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**MENDIGUTIA, FERNANDO C
634 W FLAGLER ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when rec'd. Only)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | DELETE <input type="checkbox"/> |
| NAME | GARCIA, EUGENIO LOPEZ | |
| STREET ADDRESS | 1485 W. 46TH ST., #214 | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | SANTANDREU, EMILIO | |
| STREET ADDRESS | 1485 W. 46TH ST., #214 | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | SANTANDREU, ANA LOPEZ DE | |
| STREET ADDRESS | 1485 W. 46TH ST., #214 | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | S | DELETE <input type="checkbox"/> |
| NAME | MENDIGUTIA, FERNANDO C | |
| STREET ADDRESS | 634 W FLAGLER ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eugenio Lopez* 7/27/96 305-448-6758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)