

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED AND FILED pg. 10/2

97 AUG 25 AM 11:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G68778 (1)

1. Corporation Name
LORIA ART & SIGN SUPPLY, INC.



Principal Place of Business 530 E 4TH AVE HIALEAH FL 33010 US	Mailing Address 530 E 4TH AVE HIALEAH FL 33010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 11/10/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2342865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year's tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LOPEZ, SIGIFREDO
5890 W. 20 LANE
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, SIGEFREDO	1.2 NAME	
STREET ADDRESS	5890 W. 20 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, DULCE MA.	2.2 NAME	400002278374--6
STREET ADDRESS	5890 W. 20 LANE	2.3 STREET ADDRESS	-08/27/97--01060--004
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 omitted attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED 8/19/97 025 2418

CR2E034 (4/97)

pg. 2 of 2

AUGUST 19, 1997

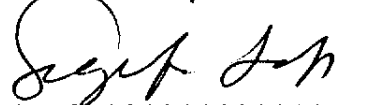
TO: FLORIDA DEPARTMENT OF STATE
ANNUAL REPORTS SECTION
P.O. BOX 1500
TALLAHASSEE, FL. 32302

RE: LORIA ART & SIGN SUPPLY, INC.
PROFIT CORPORATION ANNUAL REPORT

TO WHOM IT MAY CONCERN,

THE FOLLOWING LETTER IS IN REFERENCE TO A SECOND NOTICE THAT I RECEIVED PERTAINING TO MY ANNUAL REPORT. I WOULD LIKE TO INFORM YOU THAT I ALWAYS TAKE CARE OF MY BUSINESS AFFAIRS ON TIME AND WITH PROMPTNESS. I DID NOT RECEIVE ANY PRIOR NOTICE THAT MY ANNUAL REPORT WAS DUE AND DO NOT KNOW IF IT WAS LOST IN THE MAIL OR WAS NEVER SENT AT ALL. I ASK THAT YOU PLEASE TAKE INTO CONSIDERATION THE FACT THAT OUR COMPANY HAS NEVER FAILED TO COOPERATE WITH THE STATE OF FLORIDA FOR ANY REASON, AND THAT YOU ACCEPT OUR CHECK FOR \$165.00 TO COVER THE ANNUAL REPORT ON A NON-DELINQUENT BASIS.

SINCERELY,



SIGIFREDO LOPEZ