

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G68778

(1)

FILED

98 JUN 28 AM 11: 24

LORIA ART & SIGN SUPPLY, INC.					TALLAHASSEE. FLORIDA		
Principal Plac	e of Business	Mailing 'Add	ress			4 FROCIST OREO BEEDS TOTAL LODGE LODGE COLO BEDS	MINI MINI MINI MINI MINI INDI
530 E 4TH AVE	.	530 E 4TH A	VE *			:	
HIALEAH FL 33010 HIALEAH FL 33010							
U\$ U\$						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						11/10/1983	
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26				59-2342865	Not Applicable
Sulte, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27					Fee Required
City & Stat	City & S	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	ļ	Country	y	8. This corporation owes or has paid the co	urrent year Intangible
24	25	29		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	urrent Registered Ag	ent			10. Name and Address of New Registere	d Agent/
LOP	ez, sig ifredo			81	Name		į
5890 W. 2 0 LANE				92	82 Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33016			0.5	82 Street Address (P.O. Box Number is Not Acceptable)			
1100	224112 00010			83	3		-
						, page	
				84	City	F	85 Zip Code
11. Pursuani	to the provisions of sections 607	0502 and 607 1509 F	Inrida Statutos	the above	named corpor	ration submits this statement for the purpose of	
A45.00.00	registered agent or both in the t	Ctate of Florida, Cuch.	obanaa waa ar	dborized by	v the cornaratio	on's board of directors. I hereby accept the app	ointment as registered
agent.	am familiar with, and accept the	obligations of, section	607.0505, Flor	ida Statute	s.		
SIGNATURE			#IO3	C. Conistand	Annal signature sons	pired when reinstating) DATE	
Signature, typed or printed name of registered agent and title it applicable (NO 12. OFFICERS AND DIRECTORS			13.	Agent signatore redo	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD	T	DELETE	1.1 TITLE		7.001110110101011011011011011011011011011	Change Addition
NAME	LOPEZ, SIGEFREDO	L	_) DELETE	1.2 NAME		From . 5	
	5890 W. 20 LANE			•	* *0000000	50000260:	5 6 65
STREET ADDRESS					TADDRESS	-08/04/98-	- 0 1039011
CITY-ST-ZIP	HIALEAH FL		_	1.4 CITY-S	11-ZIP	500002601 -08/04/98- ****150.0	Change Addition
TITLE	STO	L	_ DELETE	2.1 TITLE			Change L_ Addition
NAME	RIVERA, DULCE MA.			2.2 NAME			
STREET ADDRESS	5890 W. 20 LANE			2.3 STREE	TADDRESS		
CITY-ST-#P	HIALEAH FL			2.4 CITY-S	T-ZIP		
TITLE			DELETE	3.1 TITLE			
NAME		L		1			Change Addition
STREET ADDRESS		-	_	3.2 NAME			Change Addition
CITY-ST-ZIP		_			T ADDRESS		Change Addition
		L					Change Addition
TITLE			DELETE	3.3 STREE			
TITLE			DELETE	3,3 STREE 3,4 CITY-S			
TITLE NAME			DELETE	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T-ZIP		
TITLE NAME STREET ADDRESS		Ē	DELETE	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	T-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ĺ	-	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	T-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE	T ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			-	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			-	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T.ZIP T.ADDRESS T.ZIP T.ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	DELETE	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T.ZIP T.ADDRESS T.ZIP T.ADDRESS		Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_	-	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	T.ZIP T.ADDRESS T.ZIP T.ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	DELETE	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T.ZIP T.ADDRESS T.ZIP T.ADDRESS		Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_	DELETE	3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T.ZIP T.ADDRESS T.ZIP T.ADDRESS		Change Addition Change Addition

14. I 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 porporation of 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 manifest themselves.



JULY 20, 1998

TO: DIVISION OF CORPORATIONS ANNUAL REPORTS SECTION

RE: LORIA ART & SIGN SUPPLY, INC. # G68778

TO WHOM IT MAY CONCERN.

THE FOLLOWING LETTER IS TO REQUEST AN AMNESTY FOR NOT FILING THE

1998 ANNUAL REPORT ON TIME DUE TO THE FACT THAT I HAD A SERIOUS CAR

ACCIDENT AND WAS IN THE HOSPITAL FOR TWO MONTHS IN THE HOSPITAL FOR

WHICH I COULD NOT HANDLE ANY OF MY PAPERWORK OR BILLS. I ASK THAT

YOU PLEASE ACCEPT MY CHECK ENCLOSED FOR \$ 150.00 TO COVER THE INITIAL

FEE AND PLEASE UNDERSTAND THAT I WOULD NOT HAVE WAITED THIS LONG IF

IT HAD NOT BEEN FOR SOMETHING SO SERIOUS AS THIS. ONCE AGAIN, I*D APPRECIATE

YOUR ATTENTION TO THIS MATTER.

SINCERELY,

SIGIFREDO LOPEZ