FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # H03711 (9)

1. Corporate Name

A. LOFRIA, INC.

95 MAY 15 PM 8:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Office Address
91914 OLD BRIDGE TRAIL
BOCA RATON FL 33428
US

Mailing Address
21914 OLD BRIDGE TRAIL
BOCA RATON FL 33428
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1984

3a. Date of Last Report: 05/26/1994

2. Principal Place of Business
21 21914 OLD Bridge Trail
Suite, Apt. #, etc.
22
City, State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
29 30

4. FEI Number: 59-2523591 — 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 Ch. 199, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LO FRIA, CAMILLE
21914 OLD BRIDGE TRAIL
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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 and the corporation has authorized its officers and directors to execute this statement.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LO FRIA, ANTHONY
STREET ADDRESS	21914 OLD BRIDGE TRAIL
CITY, ST, ZIP	BOCA RATON FL
TITLE	VD
NAME	LO FRIA, CAMILLE
STREET ADDRESS	21914 OLD BRIDGE TRAIL
CITY, ST, ZIP	BOCA RATON FL
TITLE	S
NAME	LO FRIA, CAMILLE
STREET ADDRESS	21914 OLD BRIDGE TR
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report, to the best of my knowledge, is true and correct and that I am qualified to file this report under Section 607.0505, Florida Statutes. Further I certify that the information included in the annual report or supplemental annual report is true and correct as of the date of filing 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is attached with an address.

SIGNATURE: Camille Lo Fria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95

407-477-0461
Daytime Phone

025034 CP