

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H85489** (3)

1. Corporation Name
LORCLA, INC.

Principal Place of Business
**3801 NW 145 ST. #171
OPA LOCKA FL 33054-2315**

Mailing Address
**3901 NW 145 ST. #171
OPA LOCKA FL 33054-2315**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/15/1985** 3a. Date of Last Report **06/16/1994**

4. FBI Number **59-2715991** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE GREGORIO, ERNESTO
3901 NW 145TH ST
SUITE 717
OPA LOCKA FL 33054**

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when name change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **DI GREGORIO, ERNESTO**
STREET ADDRESS **3901 NW 145 ST. #171**
CITY - ST - ZIP **OPA LOCKA FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **DI GREGORIO, ERNESTO**
1.3 STREET ADDRESS **3901 NW 145 ST. #171**
1.4 CITY - ST - ZIP **OPA LOCKA FL**

TITLE **DST**
NAME **MORENO, CARLOS PEREZ**
STREET ADDRESS **3901 NW 145 ST. #171**
CITY - ST - ZIP **OPA LOCKA FL**

2.1 TITLE **NIA** ☒ Change ☐ Addition
2.2 NAME **MORENO, CARLOS PEREZ**
2.3 STREET ADDRESS **VOID**
2.4 CITY - ST - ZIP **VOID**

TITLE **PD**
NAME **PEREZ Y PEREZ, JOSE CARL**
STREET ADDRESS **3901 NW 145 ST. #171**
CITY - ST - ZIP **OPA LOCKA FL**

3.1 TITLE **NIA** ☒ Change ☐ Addition
3.2 NAME **PEREZ Y PEREZ, JOSE CARL**
3.3 STREET ADDRESS **VOID**
3.4 CITY - ST - ZIP **VOID**

TITLE **DVP**
NAME **PEREZ Y PEREZ, GERARDO**
STREET ADDRESS **3901 NW 145 ST. #171**
CITY - ST - ZIP **OPA LOCKA FL**

4.1 TITLE **NIA** ☒ Change ☐ Addition
4.2 NAME **PEREZ Y PEREZ, GERARDO**
4.3 STREET ADDRESS **VOID**
4.4 CITY - ST - ZIP **VOID**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 199.032(9)(b), 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, unchanged, or in an attachment with an address change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-95

(305) 685-8223