

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H85489** (3)

1. Corporation Name
LORCLA, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified 11/15/1985	3a. Date of Last Report 02/27/1995
4. FEI Number 59-2715991	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 s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current 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. City
84. City
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

(Print Name of Registered Agent and State of Incorporation)

(Print Registered Agent's signature and date of signing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. NAME	☐ DELETE	1.2 NAME	
3. NAME	☐ DELETE	1.3 STREET ADDRESS	
4. NAME	☐ DELETE	1.4 CITY - ST - ZIP	
5. NAME	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
6. NAME	☐ DELETE	2.2 NAME	
7. NAME	☐ DELETE	2.3 STREET ADDRESS	
8. NAME	☐ DELETE	2.4 CITY - ST - ZIP	
9. NAME	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
10. NAME	☐ DELETE	3.2 NAME	
11. NAME	☐ DELETE	3.3 STREET ADDRESS	
12. NAME	☐ DELETE	3.4 CITY - ST - ZIP	
13. NAME	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. NAME	☐ DELETE	4.2 NAME	
15. NAME	☐ DELETE	4.3 STREET ADDRESS	
16. NAME	☐ DELETE	4.4 CITY - ST - ZIP	
17. NAME	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
18. NAME	☐ DELETE	5.2 NAME	
19. NAME	☐ DELETE	5.3 STREET ADDRESS	
20. NAME	☐ DELETE	5.4 CITY - ST - ZIP	
21. NAME	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
22. NAME	☐ DELETE	6.2 NAME	
23. NAME	☐ DELETE	6.3 STREET ADDRESS	
24. NAME	☐ DELETE	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing was 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 this 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1-17-96

(305) 685-8223

Date

Day, the Month of

CR2E034 (12/95)