

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 6/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

Jul 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1996 1997



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

DOCUMENT #

H85489

LORCLA, INC.,

Principal Place of Business

Mailing Address

Lorcla, Inc.
3901 NW 145 Street #171
Opa Locka, Florida 33054

(SAME)

3. Date Incorporated or Qualified
11/15/1985

3a. Date of Last Report
1/14/1997

2. Principal Place of Business

SAME

2a. Mailing Address

SAME

4. FEI Number

59-2715991

Applied For

Not Applicable

2b. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

2c. City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

2d. Zip

Country

2e. Zip

Country

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Di Gregorio Ernesto
3901 NW 145 Street, #171
Opa Locka, FL 33054

81. Name

Esquire Corporate Services, Inc.

82. Street Address (P.O. Box Number is Not Acceptable)

c/o Nicolas Fernandez, P.A.

83.

2655 Lejeune Road, PH -1d

84.

City Coral Gables,

FL

85.

Zip 33134

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE

Signature of officer or director of corporation or trustee or receiver

(If not, Registered Agent signature required when installing)

DATE

6-2-97

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

OPA LOCKA FL

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

8. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

8. TITLE

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STREET ADDRESS

CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Secretary

6-2-97

7-28
PE

CP2E034 (3/96)