

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 APR 29 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # J03392

(4)

1. Corporation Name
LORENZO, INC.

Principal Place of Business

**700 W. 53RD TERR.
HIALEAH FL 33012**

Mailing Address

**700 W. 53RD TERR.
HIALEAH FL 33012**

3. Date Incorporated or Qualified
03/11/1986

3a. Date of Last Report
04/26/1994

4. FEI Number
NOT APPLICABLE 65-0026345

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**LORENZO, ANTOLIANO R.
700 W. 53RD TERRACE
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **LORENZO, ANTOLIANO R.**
STREET ADDRESS **700 W 53RD TERR**
CITY- ST- ZIP **HIALEAH FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/21/95

305-827-6354