FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J03392

1. Corporation Name

LORENZO, INC.

Principal Place of Business	Mailing Address
1763 WEST 79RST HIALEAH FL 33014 US	1763 W 79 ST HIALEAH FL 33014 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/11/1986

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **65-0026345**	Applied For
			Not Applicable

| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certifcate of Status Desired ☐ | **$8.75** Additional Fee Required |

| City & State 23 | City & State 28 | 6. Election Campaign Financing ☐ Trust Fund Contribution | **$5.00** May Be Added to Fees |

| Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No |

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

LORENZO, ANTOLIANO R.
1763 W 79 ST
HIALEAH FL 33014

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating).   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LORENZO, ANTOLIANO R.		1.2 NAME		
STREET ADDRESS	1763 W 79 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_   1/18/99   305-827-6354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #