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 # **J16581** **(7)**

1. Corporation Name
LOREF CORPORATION

Principal Place of Business
~~C/O GERARD G MOSS C.P.A.~~
~~1195 NE 125TH ST~~
~~NORTH MIAMI FL 33161~~

Mailing Address
~~C/O GERARD G MOSS C.P.A.~~
~~1195 NE 125TH ST~~
~~NORTH MIAMI FL 33161~~

3. Date Incorporated or Qualified: 05/28/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 432 Santa Anna Drive
Suite, Apt. #, etc.
22
City & State
23 Palm Springs, FL
Zip 24 33461 Country 25 USA Palm Beach

2a. Mailing Address
26 432 Santa Anna Drivr
Suite, Apt. #, etc.
27
City & State
28 Palm Springs, FL
Zip 29 33461 Country 30 USA Palm Beach

4. FEI Number: 59-2688109 — 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

9. Name and Address of Current Registered Agent
~~MOSS, GERARD G~~
~~1195 NE 125TH ST~~
~~100 N BISCAYNE BLVD.~~
~~NORTH MIAMI FL 33161~~

10. Name and Address of New Registered Agent
81 Name: Lothar Fischer
82 Street Address (P.O. Box Number is Not Acceptable): 432 Santa Anna Drive
83
84 City: Palm Springs FL 85 Zip Code: 33461

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lothar Fischer — 3-1-96
Signature and/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	DP ☐ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	FISCHER, LOTHAR	1.2 NAME	FISCHER, LOTHAR
STREET ADDRESS	252 ALEMEDA DR #11	1.3 STREET ADDRESS	432 SANTA ANNA DR.
CITY-ST-ZIP	PALM SPGS FL	1.4 CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	AS ☒ DELETE	2.1 TITLE	S ☐ Change ☒ Addition
NAME	MOSS, GERARD G.	2.2 NAME	REGEINE FISCHER
STREET ADDRESS	2310 N. E. 193RD STREET	2.3 STREET ADDRESS	432 SANTA ANNA DR.
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	PALM SPRINGS, FL 33461
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	

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 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 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 above, or on an attachment with an address.

SIGNATURE: 3-1-96 (407) 641-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LOTHAR FISCHER PRESIDENT

CR2E034 (12/95)