

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J60185 (2)

1. Corporation Name

LOBA CORP.

Principal Place of Business

3200 NW 77TH CT
MIAMI FL 33122
US

Mailing Address

3200 NW 77TH CT
MIAMI FL 33122
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1987

3a. Date of Last Report

03/18/1994

4. FEI Number

59-2779103

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.

28. City & State

29. Zip

Country

10. Name and Address of New Registered Agent

81. Name

RAUL CABRERA

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

3200 N.W. 77th COURT

84. City

MIAMI

FL

85. Zip Code

33122

9. Name and Address of Current Registered Agent

SARA, J. MICHAEL

2964 AVIATION AVENUE, SUITE #301
COCONUT GROVE FL 33133

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME POLL, JUAN R.
STREET ADDRESS 2222 BRICKELL AVENUE #1
CITY-ST-ZIP MIAMI FL

TITLE VP
NAME PINA, DEMETRIO J.
STREET ADDRESS 2201 S. MIAMI AVENUE
CITY-ST-ZIP MIAMI FL

TITLE S
NAME PINA, VILMA
STREET ADDRESS 2201 S. MIAMI AVENUE
CITY-ST-ZIP MIAMI FL

TITLE T
NAME CABRERA, RAUL
STREET ADDRESS 3200 NW 77 COURT
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/95

(305) 593-8913

Date

Signature #