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PROFIT CORPORATION ANNUAL REPORT

**1997**

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

FILED
98 DEC 17 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K-29558

1. Corporation Name
LIZBET ENTERPRISES CORP.

REINSTATEMENT 12-98

| Principal Place of Business | Mailing Address |
|---|---|
| 434 SW 8th AVE<br>Miami, FL 33155 | 434 SW 8th AVE<br>Miami, FL 33155 |

3. Date Incorporated or Qualified: 07-27-1988
3a. Date of Last Report: 04-04-1995

2. Principal Place of Business (21): 
Suite, Apt. #, etc. (22): 
City & State (23): 
Zip (24): Country (25): 

2a. Mailing Address (26): 
Suite, Apt. #, etc. (27): 
City & State (28): 
Zip (29): Country (30): 

4. FEI Number: 65-0063002 ☐ 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

IGLESIAS EDELMIRO
5001 SW 68 AVE
Miami, FL 33155

10. Name and Address of New Registered Agent

81 Name: LOMINCHAR DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 2263 NW 30 Street No B
83:
84 City: Miami FL 85 Zip Code: 33142

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: Lominchar David — 12/16/98
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>IGLESIAS EDELMIRO<br>5001 SW 68 AVE<br>Miami FL 33155 | ☒ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | Director-President<br>LOMINCHAR DAVID<br>2263 NW 30 Street No. B<br>Miami, FL 33142 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>IGLESIAS BERTHA<br>5001 SW 68 AVE<br>Miami FL 33155 | ☒ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | Vice-President<br>VEGA JORGE L.<br>2263 NW 30 Street No. B<br>Miami, FL 33142 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | 200002720032--6<br>-12/23/98--01<br>***1058.75 ***1058.75 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

14. I do 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.

**SIGNATURE:** Lominchar David — 12/16/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)