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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L19451

1. Corporation Name

LORE CORPORATION

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90138 003 ***150.00

Principal Place of Business MAMI FL 33133-9143 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 09/23/1989 2. Principal Place of Business 3. Date Incorporated or Qualified 09/23/1989 3. Date Incorpo		SHI CHATION						
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Suite, Apt. #, etc. Suite, Apt. #, etc.	2 Principal Place of Business 2a Mailing Address							oplied For
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City & State City & State			27		5. Certificate of Status Desired	Fee R	equired	
28	City & State				6. Election Campaign Financing	\$5.00	May Be	
2/p Country 2/p Country 2/p Country 2/p Country 2/p Country 2/p Country 2/p Personal Property Tax. Yes No. Yes N	23 28		18		Trust Fund Contribution	Added	to Fees	
9. Name and Address of Current Registered Agent MIYAR, RAMON 2588 SW 27TH AVENUE MIAMI FL 33133-9143 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0562 and 607.1508, Florida Statutes. 85 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0562 and 607.1508, Florida Statutes. 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0562 and 607.1508, Florida Statutes. 85 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0562 and 607.1508, Florida Statutes. 86 City FL 85 Zip Code 12. Pursuant to the provisions of Sections 607.0562 and 607.1508, Florida Statutes. 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Zip Code 83 City Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 85 Zip Code 85 Zip Code 86 City Street Address (P.O. Box Number is Not Acceptable) 86 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 Zip Code 88 Zip Code 89 Zip Code 90 City Code 90 Zip Code 91 City Code 91 Zip Code 91 Zip Code 92 Zip Code	Zip	Zip Country ZIP				8. This corporation owes the current year Ir		\d.
MIYAR, RAMON 2588 SW 27TH AVENUE MIAMI FL 33133-9143 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes are on explained agent of both, in the State of Florida, Such change was author-bearing beared of directors. I hereby accept the appointment as registered agent or objective obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. NAME STREET ADDRESS MAMI FL DIP NAME BRAVO, JUAN LUIS STREET ADDRESS \$ 2588 SW 27 AVE. MIAMI FL DIP NAME BRAVO DE ESCOBAR, ANA L \$ 2588 SW 27 AVE. MIAMI FL DIP NAME BRAVO DE SCOBAR, ANA L \$ 2588 SW 27 AVE. MIAMI FL DIF NAME BRAVO DE SCOBAR, ANA L \$ 33 STREET ADDRESS CITY-51-2P MIAMI FL DIF NAME BRAVO DE SAZA, CLARA M. \$ 42 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE SAZA, CLARA M. \$ 42 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE SAZA, CLARA M. \$ 42 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE SAZA, CLARA M. \$ 42 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE SAZA, CLARA M. \$ 42 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE SAZA, CLARA M. \$ 42 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE VELEZ, MARIA C. \$ 43 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE VELEZ, MARIA C. \$ 43 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE VELEZ, MARIA C. \$ 43 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE VELEZ, MARIA C. \$ 43 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE VELEZ, MARIA C. \$ 43 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE VELEZ, MARIA C. \$ 53 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE VELEZ, MARIA C. \$ 53 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE VELEZ, MARIA C. \$ 53 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE VELEZ, MARIA C. \$ 53 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE VELEZ, MARIA C. \$ 53 SINEET ADDRESS CITY-51-2P MIAMI FL DIS BRAVO DE	24)				MNo
MIYAR, RAMON		9. Name and Address of Current	Registered Agent		T 7.	10. Name and Address of New Registered		{
2588 SW 27TH AVENUE MIAMI FL 33133-9143 82 Street Address (P.O. BOX Number is Not Acceptable) 83 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 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 private many and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or private many appointment as registered Agent signature regimed when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OP. OFFICERS AND DIRECTORS IN 12. INDEED AGENT				81	Name		,*	
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UNO —		E					☐ Change	☐ Addition
	NAME	BRAVO DE PRIETO, SILVIA	_	6.2 NAME				

MIAMI FL CITY-ST-ZIP 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

% 2588 SW 27 AVE.

URE REQUIRED