

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 APR 21 AM 8:30

**DOCUMENT # L87633 (8)**

1. Corporation Name  
**LOUISIAN ENTERPRISES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~1500 W. 37TH ST.  
HIALEAH FL 33012~~

Mailing Address

~~1500 W. 37TH ST.  
HIALEAH FL 33012~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/17/1990** 3a. Date of Last Report **05/01/1994**

4. FBI Number **65-020607A** 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

7. This corporation has been authorized to receive contributions under Florida Statutes  Yes  No

2. Principal Place of Business

21. **3960 WEST 16 AVE**

2a. Mailing Address

26. **3960 WEST 16 AVE**

Suite, Apt. #, etc.

22. **201**

Suite, Apt. #, etc.

27. **201**

City & State

23. **HIALEAH FL**

City & State

28. **HIALEAH FL**

24. **33012**

25. **33012**

29. **33012**

30. **33012**

9. Name and Address of Current Registered Agent

**PENA, REYNALDO R.**  
~~1500 W. 37TH ST.  
HIALEAH 33012~~ **3960 WEST 16 AVE # 201  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

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 remaining)

DATE

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <b>DP</b>  |
| NAME                       | <b>PENA, REYNALDO L.</b>                                   |
| STREET ADDRESS             | <del>1500 W. 37TH ST.</del> <b>3960 WEST 16 AVE. # 201</b> |
| CITY - ST - ZIP            | <del>HIALEAH FL 33012</del> <b>HIALEAH FL 33012</b>        |
| TITLE                      | <b>DST</b>   |
| NAME                       | <b>PENA, ANA L.</b>  |
| STREET ADDRESS             | <del>1500 W. 37TH ST.</del> <b>3960 W 16 AVE. # 201</b>    |
| CITY - ST - ZIP            | <del>HIALEAH FL 33012</del> <b>HIALEAH FL 33012</b>        |
| TITLE                      |  |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY - ST - ZIP            |  |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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, on an attachment with an address.

SIGNATURE:

*[Signature]*  
**REYNALDO PENA**

**4/18/95 (300) 362-3162**

TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(1)

Typing Firm #