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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M16864

(4)

LOTY INTERNATIONAL WHOLESALERS, INC.



97 APR 30 AMII: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA



								 		
Principal Plac	e of Business	Mailing Address							,, ,,,,,,,,	
2300 CORAL WAY 2300 CORAL WAY MIAMI FL 33145 MIAMI FL 33145-3511										•
						3. Date Incorporated or Quali	fied	3a. Date of t 05/01/19	ast Re	port
2. Principal P	2a. Mailing Address	-			4. FEI Number Applied For					
	CORAL WAY		1			59-2606921				t Applicable
Suite, Apt. 200		Suite, Apt. #, etc. 27 # 200			5, Certificate of Status Desire	a [\$8.75 Additional Fee Required			
City & Stat		City & State				6. Election Campaign Financi				May Be
23 MIAMI	FLORIDA Country	28 MIAMI FLORIDA Zip Country				Trust Fund Contribution				o Fees
Zip 33145	145 US 29 33145 9, Name and Address of Current Registered Agent		30 US			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		B1 Na	ıme	10. Name and Address of No	w Kegis	tered Agent		
	RIDA ANNUAL REPORT SERVICE	:5 INC		OI INA	ine					
· 2300 CORAL WAY				62 Str	eet Addre	ss (P.O. Box Number is Not Acc	eptable)			
#200 MIAMI FL 33145				63		· · · · · · · · · · · · · · · · · · ·				
MIP	MI FL 33143	_								
			- 1	84 Cit	•			FL 85	Zip (
office.or i agost.) a	to the provisions of Sections 607.050, registered appliet for the fill familiar with Lind fickent the Other	A	<u>MADA</u>	CANT	ERA LO	OPEZ.PRES	T/ /		ant as	registered
			Registered	Agent sig	nature required	d when reinstating) ADDITIONS/CHANGES TO	£	DATE DO AND DIDE	CTOE	C IN 12
12.				1.1 TITLE		ADDITIONS/CHANGES TO	OFFICE	AS AND DIRE	CIUH	Addition
NAME	CABRERA, BALDOMERO	hand which is	1.2 NA			700 <u>0</u> 02	2 1 E	3345		- ***- 27***
STREET ADDRESS	325 SW 97 COURT			REET ADDR	ess	~U 5/L	12731 400 1	00 *** 0101.	ቀ−−ህ «ውሳር	C 00
City-S1-ZiP	MIAMI FL 33174			4 CITY-ST-ZIP		非非非	102.	০০ ককৰ	(#1D	3,00
TILE	D	DELETE	2.1 TITLE			······································		☐ C	hange	Addition
NAME	GUIXENS, ROSA MARIE		2.2 NA	ME						
STREET ADDRESS	9921 DICKENS AVE.		2.3 ST	REET ADDR	ESS					
C(TY - S1 - ZIP	BETHESDA MD			2. 4 City-ST-ZIP						
!IILE	DS	☐ DELETE	3.1 TiT	3.1 TITLE				☐ CI	hange	Addition
NAME:	CABRERA, SEVERO R.		3.2 NA	ME						
STREET ADDRESS	7656 W 30 COURT		3.3 \$1	reet adda	ESS					
City-St-7IP	HIALEAH GARDENS FL			TY-ST-ZIF	,					
≥ m€	DP	☐ DELETE	4.1 TiT	LE				LJ CI	nange	Addition
NAME	GONZALEZ, GILBERTO		4. 2 N/							
STREET ADDRESS	1400 E-WEST HWY #630		4.3 \$1	reet adda	ESS					
City+St ZiP	SILVER SPRINGS MD	T At the	_	Y-ST-ZIP				[] a		4.4.00
THE	D CONTAINT CHIMA	☐ DELETE	5.1 TiT					LII CI	апре	Addition
NAME	GONZALEZ, EMMA 2308 E. W. HWY.		5.2 NA							
STREET ADDRESS	SILVER SPRINGS MD			REET ADDR	į.					
City+St-ZiP	D SILVER OFRINGS MU	DELETE		Y-ST-ZIP		Mu/20-			hanne	Addition
TITLE	GONZALEZ, GILBERTO A	C) otreit	6.1 III		1 1	18 12/12.		LJ VI	ran y c	
NAME CONTRACTOR	6331 LAKEWOOD DR.		6.2 NA		oree	h .				
STREET ADDRESS	FALLS CHURCH VA			REET ADDR		•				
CITY-ST-ZIP	I ALLO UTIONUN YA		6.4 CI	IY-SI-ZP						

I do hereby certify that the information supplied with this filling 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 propri 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 conformation 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 lychanged, or on an attachment with an address. Lam an officer or director of the co appears in Block 12 or Block 13 if

SIGNATURE: