

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M16864 (4)

1. Corporation Name

LOTY INTERNATIONAL WHOLESALERS, INC.

Principal Place of Business

2300 CORAL WAY  
#200  
MIAMI FL 33145

Mailing Address

2300 CORAL WAY  
#200  
MIAMI FL 33145

APPROVED  
AND  
FILED  
98 APR -1 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22 SUITE # 200

City & State

23 MIAMI, FLORIDA

Zip

24 33145

Country

25 US

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27 SUITE # 200

City & State

28 MIAMI, FLORIDA

Zip

29 33145

Country

30 US

3. Date Incorporated or Qualified

06/14/1985

4. FEI Number

59-2606921

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
#200  
MIAMI FL 33145

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 of registered agent or both, to 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 reinstating)

DATE

AMADA CANTERA LOPEZ - PRES.

3/26/98

12. OFFICERS AND DIRECTORS

TITLE DVT  
NAME CABRERA, BALDOMERO  
STREET ADDRESS 325 SW 97 COURT  
CITY-ST-ZIP MIAMI FL 33174

☐ DELETE

TITLE D  
NAME GUIXENS, ROSA MARIE  
STREET ADDRESS 9921 DICKENS AVE.  
CITY-ST-ZIP BETHESDA MD

☐ DELETE

TITLE DS  
NAME CABRERA, SEVERO R.  
STREET ADDRESS 7656 W 30 COURT  
CITY-ST-ZIP HIALEAH GARDENS FL

☐ DELETE

TITLE DP  
NAME GONZALEZ, GILBERTO  
STREET ADDRESS 1400 E-WEST HWY #630  
CITY-ST-ZIP SILVER SPRINGS MD

☐ DELETE

TITLE D  
NAME GONZALEZ, EMMA  
STREET ADDRESS 2308 E. W. HWY.  
CITY-ST-ZIP SILVER SPRINGS MD

☐ DELETE

TITLE D  
NAME GONZALEZ, GILBERTO A  
STREET ADDRESS 6331 LAKEWOOD DR.  
CITY-ST-ZIP FALLS CHURCH VA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 changed or on an attachment with an address.

SIGNATURE

*[Signature]*

3/12/98

CR2E034 (10/97)