2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M16864

1. Entity Name
LOTY INTERNATIONAL WHOLESALERS, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI, FL 33145	2300 CORAL WAY SUITE 200 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

01242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2606921
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: AMADA CABRERA LOPEZ 3-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	CABRERA, BALDOMERO
STREET ADDRESS	325 SW 97 COURT
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D
NAME	GUIXENS, ROSA MARIE
STREET ADDRESS	9921 DICKENS AVE.
CITY-ST-ZIP	BETHESDA, MD
TITLE	DS
NAME	CABRERA, SEVERO R
STREET ADDRESS	651 W 64 DR
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	DP
NAME	GONZALEZ, GILBERTO
STREET ADDRESS	1400 E-WEST HWY #630
CITY-ST-ZIP	SILVER SPRINGS, MD
TITLE	D
NAME	GONZALEZ, EMMA
STREET ADDRESS	2308 E. W. HWY.
CITY-ST-ZIP	SILVER SPRINGS, MD
TITLE	D
NAME	GONZALEZ, GILBERTO A
STREET ADDRESS	6331 LAKEWOOD DR.
CITY-ST-ZIP	FALLS CHURCH, VA

000000097472
03/29/04-80002-009 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 3-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GILBERTO GONZALEZ