

**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.	
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Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

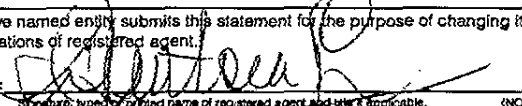
FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

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

**DO NOT WRITE
IN THIS SPACE**

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 CAMBERA LOPEZ 3-15-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

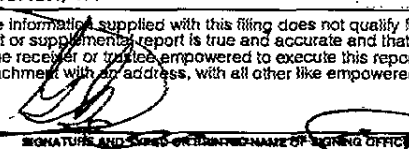
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CABRERA, BALDOMERO 325 SW 97 COURT MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIXENS, ROSA MARIE 9921 DICKENS AVE. BETHESDA, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CABRERA, SEVERO R 651 W 64 DR HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, GILBERTO 1400 E-WEST HWY #630 SILVER SPRINGS, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, EMMA 2308 E. W. HWY. SILVER SPRINGS, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, GILBERTO A 6331 LAKEWOOD DR. 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 SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GILBERTO GONZALEZ