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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 11:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M68852

(6)

1. Corporation Name

LODEIRO ASSOCIATES INC.

Principal Place of Business

**10300 SUNSET DRIVE
SUITE 380
MIAMI FL 33173
US**

Mailing Address

**C/O JOSE LODEIRO
12844 SW 48TH TERRACE
MIAMI FL 33175-4530
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/11/1988

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0035325

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LODEIRO, JOSE
12844 S.W. 48TH TERRACE
MIAMI FL 33175**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

LODEIRO, JOSE

STREET ADDRESS

12844 S.W. 48TH TERRACE

CITY - ST - ZIP

MIAMI FL

TITLE

VD

NAME

LODEIRO, MARIA, C

STREET ADDRESS

12844 SW 48TH TERR

CITY - ST - ZIP

MIAMI FL

TITLE

S

NAME

LODEIRO, ELIZABETH M.

STREET ADDRESS

12844 SW 48TH TERRACE

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**T
Lodeiro, Nancy E
12844 SW 48th. Terr
Miami, FL 33175**

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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 199.07(3)(k), 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 hereinafter, or on an attachment with an address.

SIGNATURE:

Jose Lodeiro

4-13-95 (205) 279-9320

Typed and printed name of signing officer or director

Date

Signature 1 Verbo 8