


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90278 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M68930					
1. Corporation Name LOOPO INCORPORATED					
Principal Place of Business 2500 NW 79 AVE MIAMI FL 33122 US			Mailing Address 2500 NW 79 AVE MIAMI FL 33122 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/16/1988	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0143480	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CONE, PERRY I. 2500 NW 79TH AVE. MIAMI FL 33122			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DV <input type="checkbox"/> DELETE				
NAME	FERNANDEZ, SERGIO				
STREET ADDRESS	2500 NW 79TH AVE.				
CITY-ST-ZIP	MIAMI FL				
TITLE	V <input type="checkbox"/> DELETE				
NAME	GONZALEZ, ISIDORO				
STREET ADDRESS	2500 NW 79 AE				
CITY-ST-ZIP	MIAMI FL				
TITLE	TD <input type="checkbox"/> DELETE				
NAME	TORGAS, ED S.				
STREET ADDRESS	2500 NW 79 AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE	VDA <input type="checkbox"/> DELETE				
NAME	SOTO, JOHN M.				
STREET ADDRESS	2500 NW 79 AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE	S <input type="checkbox"/> DELETE				
NAME	CONE, PERRY I.				
STREET ADDRESS	2500 NW 79 AVE				
CITY-ST-ZIP	MIAMI FL 33122				
TITLE	V <input type="checkbox"/> DELETE				
NAME	GONZALEZ, MARLEN				
STREET ADDRESS	2500 NW 79 AVE				
CITY-ST-ZIP	MIAMI FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE:  **SERGIO FERNANDEZ, Director 4/5/99 (305) 715-0000, Ext. 3379**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034/41/99A