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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M70695

(5)

THE LORRAINE GROUP, INC.

**FILED** 

May 02 1997 8:00am

Secretary of State

Principal Place of Business	Mailing Address	
REGISTERED AGENT + OFFICE INC	% REGISTERED AGENT + OFFICE INC	

13408 S.W. 112 MIAMI FL 3317		13408 S.W. 112TH COURT MIAMI FL 33176-5310			
				3. Date Incorporated or Qualified 02/29/1988	3a. Date of Last Report 02/06/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	TEN 3827 N 10 ST	26 2531 NW 7	2ND AVENUE	65-0034246	Not Applicable
Sulte, Apt 22 STE 2	02	Suite, Apt. #, etc.  27 SUITE B		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 MC AL		28 MIAMI, FLORIDA		Trust Fund Contribution	Added to Fees
Zip 24 78501	Country 25	7ip 29 33122	Country 30	8. This corporation has liability for it Florida Statutes	njangible tax under s. 199.032, Yes 🔲 No
	9. Name and Address of Current			10. Name and Address of New Reg	istered Agent
GUE	ERRA, FRANCISCO A		81 Name		
1340		NW 72ND AVE	STB 82 Street Add	Bress (P.O. Box Number is Not Acceptable	io)
MAN \$ 33122   Since Address (1.0. Box Number is Not Acceptable)					
			83		
			84 City		B5 Zip Code
11 Purcuant	to the provisions of Sections 607 01.02	and 607 1509 Harida Statut	as the should period cor	rporation submits this statement for the pr	FL By Zp Code
Office or re	egistered agent, or both, in the State of familiar with, and accept the obligations.	if Florida. Such change was a	authorized by the corpora	poration submits this statement for the plation's board of directors. I hereby accep	rpose of changing its registered.  I the appointment as registered.
SIGNATURE	Signature, typod or printed name of registered agen	and the if applicable (NOT)	f. Registered Agent's griature requ	ured when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	<b>GUERRA, FRANCISCO A.</b> PI		N 1.2 NAME		
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ST STE 202	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMPFE Mo	ALLEN TX7850	) 1 1.4 CHY-ST-7/P		
TITLE	VPS	DELETE	2 1 TITLE		Change Addition
NAME		AZA TEN 38271	N 2.2 NAME		
STREET ADDRESS	O D TRUDGAHESER ANGREDIER	ST STE 202	2.3 STREET ADDRESS		
CITY-ST-ZIP	MAMBELX Mo	ALLEN_TX7850	) 1 2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
TITLE		[_] DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	**************************************		4.4 C(1) Y - S1 - Z(P		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(1Y - \$1 - Z(P		
TITLE		☐ DEL£1E	6:1 TOLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY+ST-ZIP		

I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.