FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -4 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P19240** **(1)**

1. Corporate Name
LORANTES, INC.

Principal Place of Business	Mailing Address
10601-2 US HIGHWAY 441 C/O SPLISH SPLASH CAR WASH LEESBURG FL 34788 US	10601 2 US HIGHWAY 441 C/O SPLISH SPLASH CAR WASH LEESBURG FL 34788 US

3. Date Incorporated or Qualified: **05/13/1988**
3a. Date of Last Report: **08/02/1994**
4. FEI Number: **59-2916971** — 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 24, Country 25
2a. Mailing Address — 26, Suite, Apt #, etc. 27, City & State 28, Zip 29, Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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] DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RANFONE, SAM
STREET ADDRESS	441 GROPP AVE.
CITY-ST-ZIP	TRENTON NJ
TITLE	VD
NAME	TESTA, LORETTA
STREET ADDRESS	9809 FAIRWAY CIRCLE
CITY-ST-ZIP	LEESBURG FL
TITLE	VD
NAME	TESTA, ALBERT
STREET ADDRESS	9809 FAIRWAY CIRCLE
CITY-ST-ZIP	LEESBURG FL
TITLE	VTD
NAME	LORE, JOHN
STREET ADDRESS	1220-P KENNESTONE CIRCLE
CITY-ST-ZIP	MARIETTA GA
TITLE	SD
NAME	LORE, BARTHOLOMEW
STREET ADDRESS	1220-P KENNESTONE CIRCLE
CITY-ST-ZIP	MARIETTA GA
TITLE	VSD
NAME	RANFONE, FRANK
STREET ADDRESS	1304 SHADY TERR, BOX 11
CITY-ST-ZIP	LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 119.07(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-24-95 DATE — Daytime Phone #

0463420 FP