

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P19240

(1)

1. Corporation 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

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 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 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:

Frank Ranfone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0526908

CR2E034 (9/96)