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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

1996

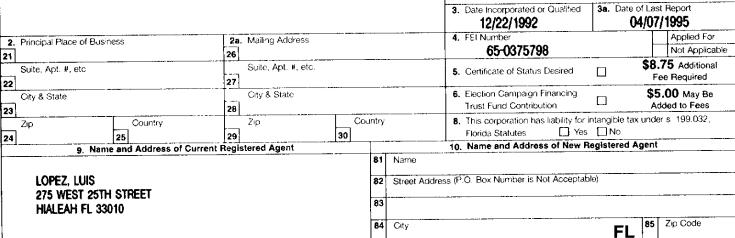
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LOVACAN GROUP, INC.

noinal Place of Business	Mailing Addri

275 WEST 25TH STREET HIALEAH FL 33010

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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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature by ecorproled rank of registered depot and the disclosure in NO 12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1 1 TiTLE	Change Addition
NAME	LOPEZ, LUIS		1.2 NAME	
STREET ADDRESS	1330 WEST 42ND PLACE		1.3 STREET ADORESS	
CITY-ST-ZIF	HIALEAH FL 33012		1 4 CITY-ST-ZIP	
TITLE	VD	DELETE	2 1 TITLE	Change Addition
NAME	CANDELARIO, VICTOR M		2 2 NAME	
STREET ADDRESS	1396 WEST 63RD ST.		2 3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012		2 4 CiTY+ST-ZiP	
TITLE	SD	☐ DELETE	3 1 TITLE	Change Addition
NAME	LOPEZ, MIGUEL		3.2 NAME	
STREET ADDRESS	1396 WEST 63RD ST.		3.3 STREET ADDRESS	
CHTY - ST - ZIP	HIALEAH FL 33012	=	3.4 C(TY - ST - Z(P)	
TITLE	TD	DELETE	4. 1 TITLE	Change Addition
NAME	VALDEZ, JOSE A		4.2 NAME	
STREET ADDRESS	573 WEST 63RD ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012		4.4 CITY - ST - ZIP	
TITLE		☐ DELE1E	5 1 TITLE	☐ Change ☐ Addilion
NAME	1		5 2 NAME	
STREET ADDRESS	ļ		5 3 STREET ADDRESS	
CITY-S1-ZIP			5 4 CITY - ST - ZIP	
TITLE		DELETE	6 1 TITLE	Change Addition
NAME	ļ.		6.2 NAME	
STREET ADDRESS	Į.		6.3 STREET ADDRESS	
OITY OT 10	l .		6.4 CITY - \$1 - 21P	

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(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 eath; 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 AND TYPED OR PRICED NAME OF SIGNING OFFICER OR DIRECTOR

4-1.96 884-0003

CR2E034 (12/95)