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 MAR 21 PM 3:36
SECRETARY OF STATE
TALLAHASSEE

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000002295 (2)

1. Corporation Name
LOPRESTI ENTERPRISES INC.

Principal Place of Business
1620 NORTH 70TH WAY
HOLLYWOOD FL 33024

Mailing Address
1620 NORTH 70TH WAY
HOLLYWOOD FL 33024

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 2210 Collins Ave
Suite/Apt. #, etc. 22 Miami Beach
City & State 23 FL.
Zip 24 33139 Country 25 USA

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28 Same
Zip 29 Country 30

4. FEI Number: 65-0384804 — 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
LEWIS, JOHN U
1620 NORTH 70TH WAY
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent
81 Name: NANCY LoPresti
82 Street Address (P.O. Box Number is Not Acceptable): 2210 Collins Ave.
83
84 City: Miami Beach FL 85 Zip Code: 33134

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 X PRESIDENT 3-15-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LOPRESTI, NANCY
STREET ADDRESS	~~1620 NORTH 70TH WAY~~
CITY-ST-ZIP	~~HOLLYWOOD FL 33024~~
TITLE	VS
NAME	PRESEDO, SILVANA D
STREET ADDRESS	~~1620 NORTH 70TH WAY~~
CITY-ST-ZIP	~~HOLLYWOOD FL 33024~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Nancy Lopresti	☒ Change ☐ Addition
1.2 NAME	2212 Collins Ave	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Miami Beach Fl. 33139	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	2212 Collins Ave.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Miami Beach Fl. 33139	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3. STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 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: X 3-15-95 305-531-5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0423302 FP