

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000002295 (2)

1. Corporation Name

LOPRESTI ENTERPRISES INC.



Principal Place of Business

Mailing Address

2210 COLLINS AVE  
MIAMI FL 33139  
US

1620 NORTH 70TH WAY  
HOLLYWOOD FL 33024

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2210 Collins Ave

22 City & State

27 City & State

23 Zip

Country

28 Miami FL

29 33139

30 USA

3. Date Incorporated or Qualified

01/07/1993

3a. Date of Last Report

03/21/1995

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

10. Name and Address of New Registered Agent

LOPRESTI, NANCY  
2210 COLLINS AVE  
MIAMI BEACH FL 33134

81 Name

Gerardo Dominguez

82 Street Address (P.O. Box Number is Not Acceptable)

2210 Collins Ave.

83

84 City

Miami

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

*[Signature]*

*[Signature]*

DATE

04-11-

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS  
NAME PRESEDO, SILVANA D  
STREET ADDRESS 2212 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE PT  
NAME DOMINGUEZ, GERARDO  
STREET ADDRESS 2210 COLLINS AVE.  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP ☐ Change ☐ Addition

2. TITLE  
2. NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4. TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6. TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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(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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11

Date

Daytime Phone #

CR2E034 (12/95)