

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000008292 (3)
1. Corporation Name

LOUVI INVESTMENTS, INC.



Principal Place of Business Mailing Address
**1790 W. 49TH STREET
300
HIALEAH FL 33012
US**

3. Date Incorporated or Qualified **02/02/1993**
3a. Date of Last Report **08/24/1995**
4. FEI Number **65-0384837**
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 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**ISLA, LUCIANO
1790 W. 49TH STREET
#300
HIALEAH FL 33012**

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 typed or printed name of registered agent and title if applicable (Print Name of New Agent Signature required when necessary) Date

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **DP ISLA, LOURDES C**
STREET ADDRESS **1790 W. 49TH STREET, #300**
CITY - ST - ZIP **HIALEAH FL**
TITLE DELETE
NAME **DST ISLA, VIVIAN M**
STREET ADDRESS **1790 W. 49TH ST., #300**
CITY - ST - ZIP **HIALEAH FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP Change Addition
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP Change Addition
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP Change Addition
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP Change Addition
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP Change Addition
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(a), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Loures C. Isla*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-96
305 550-4268
Date Office Phone

CR2E034 (3/96)