

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000009058 (7)

1. Corporation Name

LOWELL INVESTMENTS, INC.

Principal Place of Business

**1110 BRICKELL AVE.
SUITE 430
MIAMI FL 33131**

Mailing Address

**1110 BRICKELL AVE.
SUITE 430
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/04/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0385370	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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**PADRON, LUIS M
1402 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☒ Change ☐ Addition
NAME	STREET ADDRESS	2. NAME	
CITY, ST, ZIP		3. STREET ADDRESS	3528 SW 79 AVE, STE 106
		4. CITY, ST, ZIP	7 MIAMI FL 33155
TITLE	NAME	21. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	22. NAME	
CITY, ST, ZIP		23. STREET ADDRESS	
		24. CITY, ST, ZIP	
TITLE	NAME	31. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	32. NAME	
CITY, ST, ZIP		33. STREET ADDRESS	
		34. CITY, ST, ZIP	
TITLE	NAME	41. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	42. NAME	
CITY, ST, ZIP		43. STREET ADDRESS	
		44. CITY, ST, ZIP	
TITLE	NAME	51. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	52. NAME	
CITY, ST, ZIP		53. STREET ADDRESS	
		54. CITY, ST, ZIP	
TITLE	NAME	61. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	62. NAME	
CITY, ST, ZIP		63. STREET ADDRESS	
		64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), 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 treasurer or transfer agent empowered to make this report as required by Chapter 402, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attached list with an address.

SIGNATURE: _____ **DATE:** **4/24/95** **1305/33220870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR