

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000010715 (9)

1. Corporation Name

LAMPO U.S.A., INC.

FILED
95 MAY -1 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4611 PARKBREEZE COURT
ORLANDO FL 32808**

Mailing Address
**4611 PARKBREEZE COURT
ORLANDO FL 32808**

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 **59-3177917** 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 § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **4114 DITON DR.**
Suite, Apt. #, etc.
22
City & State
23 **ORLANDO, FL.**
Zip
24 **32808**
Country
25 **Orange**
26 **4114 DITON DR.**
Suite, Apt. #, etc.
27
City & State
28 **ORLANDO, FL.**
Zip
29 **32808**
Country
30 **Orange**

9. Name and Address of Current Registered Agent

**CURTIS, CHARLES L
1177 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33316**

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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KHALIL, VIOLETTE
STREET ADDRESS	7324 FOUNTTEVRAULT ANJOU H1J 1E2 PQ
CITY, ST, ZIP	CANADA
TITLE	D
NAME	HANNA, YACOB G
STREET ADDRESS	5 MONEER STREET
CITY, ST, ZIP	WALLEE CAIRO EGYPT
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	431 PLACE JUAN, FARGE Ville
14 CITY, ST, ZIP	LAVAL, CANADA. H7P-5B3
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
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 Sections 119.07(5)(g), 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 167, Florida Statutes, and that my return appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/95 (407) 299-6707