

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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1997 APR 25 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **93000010715**

1. Corporation Name
Lampo U.S.A., Inc.

Principal Place of Business Mailing Address
**6549 Fairway Hill Court
Orlando, Florida 32835**

3. Date Incorporated or Qualified **February 4, 1993** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-3177917** Applied For
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

23 Zip Country 28 Zip Country 6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24 25 29 30 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

**Charles L. Curtis
1177 S.E. 3rd Avenue
Fort Lauderdale, Florida**

81 Name **James R. LaVigne, Esquire**

82 Street Address (P.O. Box Number is Not Acceptable)
LaVigne & Lane, P.A.

83 **5401 S. Kirkman Road, Suite 500**

84 **Orlando**

FL

85 **32819**

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.

James R. LaVigne, Esquire

SIGNATURE OF REGISTERED AGENT DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONAL OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY, ST, ZIP	P.S.T.D. Violette Khalil 6549 Fairway Hill Court Orlando, Florida 32835	<input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V.D. Jacoub Girgis Hanna 5 El Kholafa Street Hilyopolis, Cairo, Egypt	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

**400002158454--1
-04/29/97--01079--015
****915.00 ****915.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Violette Khalil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/27/97

CR2E034 (9/96)