

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

**APPROVED
AND
FILED**

DOCUMENT # P93000023507 (5)

1. Corporation Name
CARLOS M. LORENTE, P.A.

95 APR 10 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**200 EAST LAS OLAS BLVD.
SUITE 1400
FORT LAUDERDALE FL 33301**

Mailing Address
**200 EAST LAS OLAS BLVD.
SUITE 1400
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 **300 So. Pine Island Rd.**
22 **209**
23 **Plantation, FL.**
24 **33324** 25 **USA**

2a. Mailing Address
26 **300 So. Pine Island Rd.**
27 **209**
28 **Plantation, FL.**
29 **33324** 30 **USA**

3. Date Incorporated or Qualified
03/30/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0405373

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
**LLORENTE, CARLOS M
200 E. LAS OLAS BLVD., SUITE 1400
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
300 So. Pine Island Rd suite 209

83

84 City
Plantation FL. 85 Zip Code
33324

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 **CARLOS M. LORENTE** / **PL** DATE **4/5/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME LLORENTE, CARLOS M	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 200 E. LAS OLAS BLVD., SUITE 1400	CITY - ST - ZIP FORT LAUDERDALE FL 33301	1.2 NAME LLORENTE, CARLOS M	
		1.3 STREET ADDRESS 300 So Pine Island Rd. 209	
		1.4 CITY - ST - ZIP Plantation FL. 33324	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 110.07(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 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 checked or in an attachment with an address.

SIGNATURE: **CARLOS M. LORENTE** 4/5/95 (305) 424-7171