FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA NON-PROFIT CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036438 (8)

1. Corporate Name
LORETO, INC.

Principal Office
801 NORTH VENETIAN DR.
SUITE 1105
MIAMI FL 33129

Mailing Address
801 NORTH VENETIAN DR.
SUITE 1105
MIAMI FL 33129

2. Florida Street Address
21
Suite Apt. #
22
City
23
FL
24
County
25

2a. Mailing Address
26
Suite Apt. #
27
City
28
FL
29
County
30

DATE FILED IN FLORIDA

3. Date Incorporated or Qualified: 05/17/1993

3a. Date of Last Report: 05/27/1994

4. FEI Number: 65-0429315

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. The corporation has taken, or elected to take, actions under S. 607.0830 Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SALBY, JOANNA
801 NORTH VENETIAN DR.
SUITE 1105
MIAMI FL 33129

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 Section 607.0505, 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. The 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALBY, JOANNA
STREET ADDRESS	801 N. VENETIAN DR. #1105
CITY, ST, ZIP	MIAMI FL 33129

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 94

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 and be binding 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 with any changes or additions noted with an address.

SIGNATURE: J.T. Salby / J.T. Salby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/95 (305) 477 6612
DATE TELEPHONE NUMBER

0140070 CP