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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

DOCL	JMENT # P930	000	63520 ((9)				
1. Corporat	LO SHOPS, INC.		,	(-)		/ 188/(88) HE INIE INI ABIN BA	iai Gâlii Baif a	ŽEJOS I IIS) Šialė klori nėsi rėsi
Principal Place of Business Mailing Address								
10201 HAMMOCKS BLVD			10201 HAMMOCKS BLVD					
#113			#113	DLYD				
MIAMI FL US	33196		MIAMI FL 33196 US			3. Date Incorporated or Qualified	3a Dat	e of Last Report
						09/09/1993		04/28/1995
Principal Place of Business			a, Mailing Address 1			4. FEI Number		Applied For
21 21 21 Suite, Apt #, etc.			Suite. Apt. #, etc			65-0437915	·	Not Applicable
27			Conc. Apr. P, CC		5. Contilicate of Status Desired		\$8.75 Additional Fee Required	
City & State			Orty & State		6. Election Campaign Financing	** * **********************************	\$5.00 May Be	
23		28				Trust Fund Contribution		Added to Fees
Ζφ 24	Zip Country		Zip		У	8. This corporation has liability for		ax under s. 199,032,
24	25 9. Name and Address of Curre		29 ent Registered Agent			Florda Statutes Yes No 10. Name and Address of New Registered Agent		
				8	I Name	10. Name and Address of New H	egistered	Agent
M & V	N AGENTS, INC.			8.	n Charles	dress (P.O. Box Number is Not Acceptab	·	
9100 S DADELAND BLVD					Street Abo	aress (r. O. 69x number is not Acceptab	le)	
PH I				8:	3			
MIAM	I FL 33156			8-	City			85 Zip Code
11 Pursuani	Lta the provisions of Sochara 607.00	00 4 60	(1500 50 1 50 1	<u> </u>			FL	1 1 '
or registe	ered agent, or both, in the State of Fl with, and accept the obligations of, Se	orida. Such	change was author	utes, the above fized by the cor	named curpo poration s boa	ration schmits this statement for the pur and of directors. Thereby ancept the appe	pose of cha pintment as	anging its registered office registered agent. Lam
SIGNATURE	with, and accept the obligations of, Se	ction buz.	0505, Flor da Statute	es.				- g
SIGNATURE	Styleative typestor printed name of nighterer as	er takel she da	. a kalabira (f	Ville Registered Ay	nt signature respons	St. W. for Territory	DAIL	
12.	OFFICE HS A	VALUE DIHE C	TORS	13.		ADDITIONS/CHANGES TO OFF		DIRECTORS IN 12
TITLE NAMÉ	D DUCCHOTETTED DILL		☐ DELETE	1 1 TOLE			Ī	Change Addition
STREET ADORESS	HOCHSTETTER, BILL 13805 SW 106 TERR			1.2 NAME				
CiTY-SI-ZIP	MIAMI FL 33186			1	LADDRESS			
TITLE	1110 Sett E 00 100		DELETE	2 : 11/LE				Change
NAME			L .3	2.2 NAME	1		L	Change
STREFT ADDRESS					ADDRESS			
C-TY - \$1 - ZiP				2.4 CITY -	SI-ZIP			
TITLE			DELETE	3 1 TITLE			[Change Addition
NAME	<u> </u>			3.2 NAME				
STREET ADDRESS				3.3 STREE	LADDRESS			
CITY-ST-ZIP TITLE			DELETE	3.4 CITY -			·	
NAME				4 1 TITLE			[Change
STREET ADDRESS				4.2 NAME	1 ADORESS			
CITY-ST-ZIP				4.4 CITY				
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TOTLE			□ DELETE	6 1 T TLF			Ε	Change
NAME STREET ADDRESS				6.2 NAME				
CITY - ST - ZIP				6 3 STREE				
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Brook 12 or Brook 13 if changed, or on an attachment with an address.

GNATURE:

GNATURE:

SOUNDED

SO

SIGNATURE:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-8 36 115-5055