

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Maynard
Tallahassee, Florida
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 7:59

DOCUMENT # P93000079949 (2)

1. Corporation Name

LORIA'S FRUIT CORNER CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

530 E 4TH AVE
HALEAH FL 33010

Mailing Address

530 E 4TH AVE
HALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created **11/15/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0463763** 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 s. 199.05, Florida Statutes Yes No

2. Principal Place of Business

21 State, Apt #, etc

23 City & State

24 Zip

2a. Mailing Address

26 State, Apt #, etc

28 City & State

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

**LOPEZ, SIGEFREDO
530 E 4TH AVE
HALEAH FL 33010**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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, thereby, accept the appointment as registered agent. I am familiar with, and accept the provisions of, Sections 607.0502, Florida Statutes.

SIGNATURE

Signature of Agent (Required for Agent Change Only)

Signature of Registered Agent (Required for Agent Change Only)

12. OFFICERS AND DIRECTORS	
12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	D LOPEZ, SIEGFREDO 530 E 4TH AVE HALEAH FL 33010
12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.7 TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally for the compliance stated in Section 199.02(3)(b), Florida Statutes. I further certify that the information included on this annual report or biennial 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 for of the corporation or the manager 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 of this filing, or in an attachment with an address.

SIGNATURE: *S Lopez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 885 3418
Date Expires (Month)