FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040942 (2)**

1. Corporation Name
LOPEFRA EQUIPMENT, INC.,

Principal Place of Business	Mailing Address
2601 S.W. 69TH COURT MIAMI FL 33155	2601 S.W. 69TH COURT MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 65-0499017 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOPEZ, FRANCISCO 2601 S.W. 69TH CT. MIAMI FL 33155	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FRAXEDAS, ENRIQUE	12 NAME	
STREET ADDRESS	8456 GLENCAIRN TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, ROLANDO	22 NAME	
STREET ADDRESS	14233 S.W. 17TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, FRANCISCO	32 NAME	
STREET ADDRESS	7429 S.W. 23RD ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, ROBERTO	42 NAME	
STREET ADDRESS	8731 S.W. 36TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33163	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, RAUL	52 NAME	
STREET ADDRESS	11810 S.W. 25TH TERRACE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, CARLOS	62 NAME	
STREET ADDRESS	6705 S.W. 105TH AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	64 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] V.Pres 4-29-95 305-266-3896
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANCISCO LOPEZ

0165207 CP