SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053979 (8)**

1. Corporation Name

LLOP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% ACCOUNTING AND BUSINESS CONSULTANTS INC 730 E BROWARD BLVD SUITE 302 FT LAUDERDALE FL 33301	% ACCOUNTING AND BUSINESS CONSULTANTS INC 730 E BROWARD BLVD SUITE 302 FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 07/21/1994

3a. Date of Last Report:

4. FEI Number: 65-0509169 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. ☐ **$5.00** May Be Added to Fees

8. Is this corporation subject to the provisions of the Florida Limited Liability Company Act? Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LLOP, JORGE 2774 NE HICKORY RIDGE AVE JENSEN BEACH FL 34957	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 607.0502 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 (if changing Registered Agent, Registered Agent must sign) (if not, Registered Agent's signature not necessary) DATE

12. OFFICERS AND DIRECTORS	13.
TITLE: D NAME: LLOP, JORGE STREET ADDRESS: 2774 NE HICKORY RIDGE AVE CITY-ST-ZIP: JENSEN BEACH FL 34957	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate, that the corporation is not eligible for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation has complied with the applicable requirement to maintain a registered agent in this state and that my signature shall serve as the resignation of the registered agent, if this report changes the registered office from that maintained by the registered agent. I further certify 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 above, or on an attachment with an address.

SIGNATURE: GEORGE LLOP 6-26-95 800 6004035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (3/95)

0070731 CP