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FILED

Jul 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000053979 (8)

1. Corporation Name  
LLOP ENTERPRISES, INC.

Principal Place of Business

% ACCOUNTING AND BUSINESS CONSULTANTS INC  
780 E BROWARD BLVD SUITE 302  
FT LAUDERDALE FL 33301

Mailing Address

% ACCOUNTING AND BUSINESS CONSULTANTS INC  
780 E BROWARD BLVD SUITE 302  
FT LAUDERDALE FL 33301-2077

3. Date Incorporated or Qualified 07/21/1994  
3a. Date of Last Report 08/08/1996

2. Principal Place of Business

21 3477 SW 3rd Ave.

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip 33145

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

Country

4. FEI Number

65-0509169

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

LLOP, JORGE  
2774 NE HICKORY RIDGE AVE  
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3477 SW 3rd Avenue

83

84 City  
Miami

FL

85 Zip Code  
33145

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
LLOP, JORGE  
STREET ADDRESS  
2774 NE HICKORY RIDGE AVE  
CITY-ST-ZIP  
JENSEN BEACH FL 34957

TITLE ☐ DELETE

NAME  
Lisa Llop  
STREET ADDRESS  
3477 SW 3rd Ave  
CITY-ST-ZIP  
Miami, FL 33145

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME  
PRESIDENT  
13 STREET ADDRESS  
3477 SW 3rd Avenue  
14 CITY-ST-ZIP  
Miami, FL 33145

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
VICE PRESIDENT/Treasurer  
2.3 STREET ADDRESS  
LISA LLOP  
3477 S.W. 3RD AVE  
2.4 CITY-ST-ZIP  
MIAMI FL 33145

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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

CR2E034 (9/96)