SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Suite. Apt. #, etc.

SIGNATURE:

City & State

1930	300 km 50					
DOCUMENT # 1. Corporation Name	P95000003968 (1)					
LORENZO PROPER	TIES, INC.					
Principal Place of Business	Mailing Address					
10450 S.W. 186 LANE MIAMI FL 33157	10450 S.W. 186 LANE MIAMI FL 33157					
Principal Place of Business	2a, Mailing Address					

27

28

Suite, Apt. #, etc.

City & State

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6/19/96 .

3a. Date of Last Report

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable
\$8.75 Additional

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

65-0587526

01/17/1995 4. FEI Number

Zip	Country Zip Co		Country		8. This corporation has liability for intangible tax under s. 199.032,						
25 29 30				Florida Statutes Yes No 10. Name and Address of New Registered Agent							
	g. Name and Address of Current	Registered Agent		 r		10. Name and Address	of New He	gistered A	geni		
LOC	RENZO, HUMBERTO			81	Name						
	50 S.W. 186 LANE			82	Street Addr	ess (P.O. Box Number is No	t Acceptati	ie)			
	MI FL 33157										
MIN	umi 1 L 3013/			83							
				84	City			FL	85	Zip Cod	e
				<u> </u>		aration cultonite this statemo	ent for the n	mose of	<u>l</u>	ia its rea	estered
	o the provisions of Sections 607.0502 gistered agent or both, in the State n familiar with, and accept the obliga					on's board of directors. The	reby accept	the appo	intment	äs reg š	tered
SIGNATURE .		and the Correlation	(t.OC) Barnelen	sd Aca	nt signature regu-	red when remetaling)		DA't			
	Signature: typed or printed from a of registered ago. OFF IÇERS ANI	DIRECTORS	13.			ADDITIONS/CHANGE	S 10 OFF	CERS AND	DIREC	CIORS IN	V 12
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NAME	LORENZO, HUMBERTO		121	NAME							
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City-St-ZiP	by certify that the information supplied	ed with this filing is volunt in this annual report or su				alifu for the avernation state	d in Section	119 07(3	i(k) Flo	rida Staf	utes 1