FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016689 (8)

LORENZO'S LATIN AMERICAN CORPORATION

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						10 01(10 01161 10119 1011 1001
4601 B WEST FLAGLER STREET C/O LORENZO GONZALEZ						
MIAMI FL 33134		P.O. BOX 650522 MIAMI Ft. 33265		DO NOT WRITE IN THIS SPACE		
		MIRMI PL 33203			3. Date Incorporated or Qualified	
					02/27/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		65-0559031	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	<u> </u>		C. COMMONDO OF CONTROL DOCUMENT	Fee Required
City & Stat	<u>├</u>		State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23	Country Zip		Country			Added to Fees
Zip	<u>⊢</u> '		- '		This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intanoiole ☐ Yes ☐ No
24	25 Name and Address of Curr	· · · · · · · · · · · · · · · · · · ·	<u></u>		10. Name and Address of New Registered	
	ONZALEZ, LORENZO		81	Name		
	427 SW 35TH LANE		82	Change	Address (D.O. Bay Number is Not Acceptable)	
	AMI FL 33165		62	Street	Address (P.O. Box Number is Not Acceptable)	
ļ			83			
			84	City		85 Zip Code
			64	City	FL	2ip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above	-named	corporation submits this statement for the purpose of	f changing its registered
agent. La	egistered agent, or born, in the sia im familiar with, and accept the obl	igations of, Section 607.0505, Flori	da Statules	rine corp s,	poration's board of directors. I hereby accept the app	opiniment as registered
SIGNATURE						
	Signature, typed or printed name of registered a			nt signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	2 DIDECTODE IN 10
12.	OFFICERS A	ND DIRECTORS DELETE	13. 11 THILE	1	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	GONZALEZ, LORENZO		12 NAME	l		
STREET ADDRESS	11427 SW 35 LANE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 City-S			
TITLE	☐ DELETE		21 TITLE			Change Addition
NAME			2.2 NAME	I		
STREET ADDRESS			23 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-S	ST - ZIP		
TITLE	DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY+ST-ZIP			3.4. CITY-S	ST-ZIP		
TITLE	DELETE		4.1 TITLE	j		Change Addition
NAME			4. 2 NAME	j		
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		C octate	4.4 CITY-S	T-ZiP		Change Addition
TITLE		DELETE	5.1 TITLE			CT CHANGE CT MODULOR
NAME	•		. 5.2 NAME	*******		
STREET ADDRESS	-		5.3 STREET	1		
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	1 - ZIP		Change Addition
TITLE		□ ptreit	6.2 NAME	- 1		Comings Last Francisco
NAME CTREET ADDRESS			6.3 STREET	ADDDECC		
STREET ADDRESS			6.4 CITY-S			
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify for			ed in Section 119.07(3)(i). Florida Statutes, I further ce	ertify that the information

4. I 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 informatic 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.

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4/22/20

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