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**May 05 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 # P95000046904 (5)

1. Corporation Name
LORENZO PROPERTIES I, INC.



Principal Place of Business
**10450 S.W. 186TH LANE
MIAMI FL 33157**

Mailing Address
**10450 S.W. 186TH LANE
MIAMI FL 33157-8722**

3. Date Incorporated or Qualified 06/08/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0587165	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4310 NW 35 Ave Suite, Apt. #, etc.	2a. Mailing Address 26 4310 NW 35 Ave Suite, Apt. #, etc.
22 City & State MIAMI, FL	27 City & State MIAMI, FL
24 Zip 33142	25 Country USA
29 Zip 33142	30 Country USA

9. Name and Address of Current Registered Agent
**LORENZO, HUMBERTO
10450 S.W. 186TH LANE
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name Humberto Lorenzo
82 Street Address (P.O. Box Number is Not Acceptable) 4310 NW 35 Ave
83
84 City MIAMI
85 Zip Code FL 33142

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME LORENZO, HUMBERTO	
STREET ADDRESS 10450 S.W. 186TH LANE	
CITY- ST- ZIP MIAMI FL 33157	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME Lorenzo, Humberto	
13 STREET ADDRESS 4310 NW 35 Ave	
14 CITY- ST- ZIP MIAMI, FL 33142	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Humberto Lorenzo* **2/10/97 (305) 634-3342**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)