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

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000046904 (5) **DOCUMENT #**1. Corporation Name

LORENZO PROPERTIES I. INC. Principal Place of Business Mailing Address 4310 NW 35 AVE 4310 NW 35 AVE MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0587165 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name LORENZO, HUMBERTO 4310 NW 35 AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 84 City 85 Zip Code

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, typod or profed name of registered agent and title of applicable (NOTE Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DEL	LETË	1.1 TITLE	Change Addition
NAME	Lorenzo, Humberto	ľ	1.2 NAME	
STREET ADDRESS	4310 NW 35 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 Crty-ST-ZIP	
TITLE	DEL DEL	LETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS		B	2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST- ZIP	
TITLE	D£L	LETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE	DEL	LETE	4.1 TITLE	Change Addition
HAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY+ST-ZIP	
TITLE	DEL	LETE	51 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE	DEL.	LETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS		ı	6.3 STREET ADORESS	·

14. 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 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 riceived 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 or in stractiment with an address.

SIGNATURE:

4-6-9 8 (305) 634-3342

FILED

Apr 13 1998 8:00am

Secretary of State