

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000092247 (2)**

1. Corporation Name
LJOR TITLE, INC.



Principal Place of Business
**10001 S.W. 37TH TERRACE
MIAMI FL 33165**

Mailing Address
**10001 S.W. 37TH TERRACE
MIAMI FL 33165**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CAMPA, LILIANA
10001 S.W. 37TH TERRACE
MIAMI FL 33165**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
12/05/1995

3a. Date of Last Report

4. FET Number
65-06 24010

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.150A, 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 (to be printed and typed on the back of this page)

Date (to be printed and typed on the back of this page)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CALVINO, LUIS E	
STREET ADDRESS	18311 S.W. 113TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAZQUEZ, ISABEL	
STREET ADDRESS	4160 S.W. 141ST PLACE	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Liliana Campa	
13 STREET ADDRESS	10001 S.W. 37TH	
14 CITY - ST - ZIP	MIAMI FL 33165	
21 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JORGE L. Campa	
23 STREET ADDRESS	10001 S.W. 37TH	
24 CITY - ST - ZIP	MIAMI FL 33165	
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	300001852243	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-06/05/96--01078--052	
63 STREET ADDRESS	***200.00	
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(a), 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:

Liliana Campa President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96- 305-226-7450
DATE CITY AND PHONE NUMBER

CR2E034 (12/95)