

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # P96000027245 (5)

1. Corporation Name
LOUDON CORP.

Principal Place of Business

3180 SW 118TH AVE
MIAMI FL 33175

Mailing Address

3180 SW 118TH AVE
MIAMI FL 33175-2338

3. Date Incorporated or Qualified

03/22/1986

3a. Date of Last Report

2. Principal Place of Business

21 9808 NW 80th Ave, Apt. #, etc.

22 Bay 10-Q

23 Hialeah Gardens FL

24 33016

25 U S

2a. Mailing Address

26 9808 NW 80th Ave, Suite, Apt. #, etc.

27 Bay 10-Q

28 Hialeah Gardens FL, 33016

29 33016

30 U S

4. FEI Number

65-0660559

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

8. Name and Address of Current Registered Agent

REYNA, PABLO F
3180 SW 118TH AVE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

Reyna, Pablo F.

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

11320 SW 3rd St

83

84 City

Miami

FL

85 Zip Code

33174

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	REYNA, CARLOS A	
STREET ADDRESS	3180 SW 118TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	REYNA, PABLO F	
STREET ADDRESS	3180 SW 118TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
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

1.1 TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	same	
1.3 STREET ADDRESS	3901 SW 109 AV, apt. DM	
1.4 CITY-ST-ZIP	MIAMI FL, 33165	
2.1 TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	same	
2.3 STREET ADDRESS	11330 SW 3 st	
2.4 CITY-ST-ZIP	MIAMI FL, 33174	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 reporter 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:

Pablo Reyna / Pablo F. Reyna 3/24/97 (305) 555-1444
VLP LOUDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)