

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

FILED

Feb 04 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 # P96000031714 (4)

1. Corporation Name
LOBLAN DISTRIBUTORS CORP.

Principal Place of Business

Mailing Address

~~2040 NW 74 STREET~~
~~MIAMI FL 33140~~

~~2040 NW 74 STREET~~
~~MIAMI FL 33140-0044~~



2. Principal Place of Business

2a. Mailing Address

21 **777 NW 72 Ave.**

26 **3460 Dunes Vista Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 3AA-11**

27

City & State

City & State

23 **Miami, FL 33126**

28 **Pompano Beach, FL**

Zip

Country

Zip

Country

24 **U.S.A.**

29 **33069**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/11/1996

4. FEI Number

Applied For

65-0658867

Not Applicable

6. 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

81 Name

Delia Lopez Gaya

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

3460 Dunes Vista Dr.

83

84 City

Pompano Beach

FL

85 Zip Code
33069

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, 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

Delia Lopez Gaya, Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSTD** ☐ DELETE
NAME **GAYA, DELIA L**
STREET ADDRESS ~~7040 NW 74 STREET~~
CITY - ST - ZIP ~~MIAMI FL 33140~~

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3460 Dunes Vista Dr.**
1.4 CITY - ST - ZIP **Pompano Beach, FL 33069**

TITLE **VD** ☐ DELETE
NAME **BLANCO, PEDRO L**
STREET ADDRESS ~~7040 NW 74 STREET~~
CITY - ST - ZIP ~~MIAMI FL 33140~~

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3460 Dunes Vista Dr.**
2.4 CITY - ST - ZIP **Pompano Beach, FL 33069**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 changing or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delia Lopez Gaya, Pres.

01/28/97 (305) 260-0075

Date Daytime Phone #

CR2E034 (9/96)