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FILED

May 02 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 # P96000048685 (7)

1. Corporation Name  
LOUREIRO EXPORT, INC.



Principal Place of Business

10300 SUNSET DRIVE  
#180  
MIAMI FL 33173

Mailing Address

10300 SUNSET DRIVE  
#180  
MIAMI FL 33173-3000

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

LOUREIRO, MARIA M  
5951 N.W. 201 LANE  
MIAMI FL 33015

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/06/1996

3a. Date of Last Report

4. FEI Number

05-0674112

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

81 Name

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

83

84 City

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME VOGEL, MARIA M  
STREET ADDRESS 10300 SUNSET DRIVE #180  
CITY-ST-ZIP MIAMI FL 33173

TITLE D  
NAME VOGEL, HERMAN F  
STREET ADDRESS 10300 SUNSET DRIVE #180  
CITY-ST-ZIP MIAMI FL 33173

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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 Maria M Vogel Herman F Vogel 3/24/97 1025-10706

CR2E034 (9/96)