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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082823 (1)

LOURDES O. FERRER AND ASSOCIATES, INC.

Principal Place of Business		Mailing Address			) cantinati iin iffite dittie gater matte faith iffite tiadt faite tiab fertit ib fi	
9400 SW 52 MIAM! FL 331		9400 SW 52 TER. MIAMI FL 33165				
					DO NOT WRITE IN THIS SPACE	
					<ol> <li>Date incorporated or Qualified</li> <li>10/08/1996</li> </ol>	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26				65-0700693	Not Applicable	
		Suite, Apt. #, etc.	;.			\$8.75 Additional
27		27			5. Certificate of Status Desired	Fee Required
City & State City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid th	ne current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regist	ered Agent
FE	rrer, Lourdes o		81	Name		
9400 <b>S</b> W 52 TER. Miami Fl 33165			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			83	3		
			84	City		85 Zip Code
				City		FL 1 2 P COUR
SIGNATURE	im familiar with, and accept the obli- Signature, typed or jurited name of registered a				juired when teinslating) D	A1É
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	Ď	DELETE	1.1 TITLE			Change Addition
NAME	FERRER, LOURDES O		1.2 NAME		·	
STREET ADDRESS	9400 SW 52 TER.		1.3 STREE	TADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		14 CITY-	ST-ZIP		
TITLE		DELETE	2 1 1ITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 CITY	- ST - ZIP	·	
TITLE		☐ DELETE	3.1 TITLE	_		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an eddress.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

DELETE

DELETE

4/21/98

Change

Addition

Addition

**FILED** 

Apr 27 1998 8:00am

Secretary of State