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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000083498 (1)

LOHEN	IZO SERVICES, INC.					
Principal Plac	e of Business	Mailing Address			T LODICODE SED TRICK BUILT DUTEL DRIEF DOED IN	AND BEEFE DENIE THINK SHEET IN WE
9420 S.W. 11	ITH STREET	9420 S.W. 11TH STREET				
MIAMI FL 33174 MIAMI FL 33174					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	SPACE
					10/03/1996	
2. Princinal F	Place of Business	2a. Mailing Address		<del></del>	4. FEI Number	Applied For
<del>-</del>		26		65-07.14878	✓ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	у	8. This corporation owes or has paid the cu	
24	25		30			Yes 🔀 No
	9. Name and Address of Curre	nt Hegistered Agent	81	Nam-	10. Name and Address of New Registered	Agent
	PRENZO, FLORANGEL		181	Name		
	20 S.W. 11TH STREET		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	<del></del>
MI	AMI FL 33174		83			
			63	1		
			84	City	FL	85 Zip Code
11 Dureyant	to the provisions of Sections 607 05	02 and 607 1509. Elorida Statut	os the abov	o pamed corn	poration submits this statement for the purpose of	of changing its registered
office or i	registered agent, or both, in the State	e of Florida. Such change was a	es, the abov authorized b	y the corporat	tion's board of directors. I hereby accept the app	pointment as registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statute	S.		
SIGNATURE	Signature, typed or printed name of registered ag	Part Bod Isla V Armicable (MOT)	- Banislated to	ani signalista raquir	red when reinstating) DATE	
12,		ND DIRECTORS	13.	icin e Brazin d Iedou	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE	11 TITLE			Change Addition
NAME	LORENZO, JORGE		1.2 NAME	1		
STREET ADDRESS	9420 S.W. 11TH STREET		1.3 STREE	T ADDRESS		
CATY-ST-ZIP	MIAMI FL 33174		1.4 CITY-1	ST-ZIP		
TITLE	VD DELETE		2.1 TITLE			☐ Change ☐ Addition
NAME	LORENZO, FLORANGEL		2.2 NAME	1		
STREET ADDRESS	9420 S.W. 11TH STREET		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174		2. 4 CITY-ST-ZIP			
TITLE		DELETE 3				Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T 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	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	51 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	}			T ADDRESS		
CITY-ST-ZIP		T DELETE	5.4 CITY - 5	ST-ZIP		Change Addition
TITLE	L L		6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS		$\langle \cdot \rangle$		T ADDRESS		
CITY_ST_7IP	1	1	SACITY.	er_7to		Į.

14. Thereby 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 integrand 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 enhancement 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 enhancement and the receiver of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporati

SIGNATURE:

4-22-98

**FILED** 

Apr 28 1998 8:00am

Secretary of State