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PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093675 (2)

CITO, LOPES, INC. Principal Place of Business Mailing Address 1112 WESTON ROAD 1112 WESTON ROAD SUITE 244 SUITE 244 WESTON FL 33326 WESTON FL 33326-1915 3. Date Incorporated or Qualified 3a. Date of Last Report 11/12/1996 2. Principal Place of Business 2a. Mailing Address Numbe Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KALKAS, MARTTI 15419 SW 54TH ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33185** 83 City 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 Stgrature, typed or printed name of registered agont and title if applicable (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. PSD DELETE 1.1 TITLE Change Addition TITLE LOPES, JOSE R 1.2 NAME NAME 1112 WESTON ROAD 1.3 STREET ADDRESS STREET ADORESS WESTON FL 33326 1.4 CITY-ST-ZIP CITY-ST-ZIP VТ DELETE Change Addition TITLE 2.1 TITLE CITO, CARLOS 2.2 NAME NAME 1112 WESTON ROAD 2,3 STREET ADDRESS STREET ADDRESS WESTON FL 33326 2.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAM-STREET ADDRESS 3.3 STREET ADDRESS CITY ST 20F 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this fiting 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 eath; 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

FILED Feb 06 1997 8:00am Secretary of State

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