

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUL 16 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000101790 (9)**  
1. Corporation Name  
**LOPES SERVICES CORPORATION**



Principal Place of Business <b>11440 N. KENDALL DRIVE SUITE 201 MIAMI FL 33176</b>	Mailing Address <b>11440 N. KENDALL DRIVE SUITE 201 MIAMI FL 33176-1024</b>
---	--

<b>2</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>3.</b> Date Incorporated or Qualified <b>12/18/1996</b>	<b>3a.</b> Date of Last Report
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>65-0726551</b>	Applied For Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>24</b> Country	<b>29</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9.</b> Name and Address of Current Registered Agent <b>LIBERATORE, MICHAEL J 801 BRICKELL AVENUE SUITE 929 MIAMI FL 33131</b>	<b>81</b> Name	<b>10.</b> Name and Address of New Registered Agent
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
	<b>83</b>	
	<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>President/Director</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAURICIO de Oliveira Lopes</b>		1.2 NAME	
STREET ADDRESS <b>RUA JOAO LOURIVAL DIAS 141</b>		1.3 STREET ADDRESS	<b>600002245616--8</b>
CITY-ST-ZIP <b>BELO HORIZONTE - MINAS GERAIS BRAZIL</b>		1.4 CITY-ST-ZIP	<b>-07/23/97--01113--025</b>
TITLE <b>Vice-President</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Paulo Costa</b>		2.2 NAME	
STREET ADDRESS <b>10136 Aqua Vista Way</b>		2.3 STREET ADDRESS	<b>***165.00 ***165.00</b>
CITY-ST-ZIP <b>ROCA RATON, FLA. 33428</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>Ab</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>1-21-97</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **4-27-97** **407-451-8152**

CR2E034 (9/96)