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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000016374 (5)

LOZAMAR INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
11942 SW 134 MIAMI FL 3318		11942 SW 134 CT. MIAMI FL 33186				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 02/20/1997
2. Principal Pl	ace of Business	2a. Mailing Address				
21		26				4. FEI Number 65-0737791 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Regulred
City & State	9	City & State	9			6. Election Campaign Financing \$5.00 May Be
Zip Country		28				Trust Fund Contribution
— Zip ──	⊢ · · · · · · · · · · · · · · · ·	Zip	-	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 8. Name and Address of Curr	29 ent Registered Agen	30)		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
105		ent riegistores Agon		81	Name	10. Hallo alla ribbioso di ribili lingista da rigoria
LOZA, GENARO 11942 SW 134 CT.				82	Street Add	Idress (P.O. Box Number is Not Acceptable)
MIA	MI FL 33186		63			
				84	City	FL 85 Zip Code
dd Dyraunat	to the provisions of Costions 607.0	E02 and 607 1609 Flo	rido Ctatutas, ti	ho about	named on	
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 em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered	agent and trile if applicable ND DIRECTORS		jistered Age	nt signature req	quirod when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OP OF THE REST			1.1 THILE		Change Addition
NAME	LOZA, GENARO			1.2 NAME		↓
STREET ADDRESS	11942 SW 134 CT.				ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	14 C/		14 CITY-S	1	
TITLE	DV			21 TITLE		☐ Change ☐ Addition
NAME	LOZA, CARMEN	22 N		2.2 NAME		
STREET ADDRESS	11942 SW 134 CT.		2.3 S ³		ADDRESS	
CITY+ST-ZIP	MIAMI FL 33186		2.4 CH		T - ZIP	
TITLE	DS DELETÉ			3.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, JUAN			3.2 NAME		
STREET ADDRESS	11942 SW 134 CT.			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. City-S	1-ZIP	Change Addition	
TITLE		Ц	1	4.1 TITLE 4. 2 NAME		Change Nontion
NAME OVERT ADDRESS					ADODEĆĆ	
CITY ST. 70				4.3 STREET 4.4 CITY-S		
CITY-ST-ZIP TITLE		П		5.1 TITLE	1-217	Change Addition
NAME				5.2 NAME		- · -
STREET ADDRESS				5.3 STREET	ADDRESS	
City-ST-ZIP				5.4 CITY-S		
TITLE				61 TITLE		Change Addition
NAME			1	6.2 NAME		
STREET ADDRESS			•	6.3 STREET	ADDRESS	
City-St-Zip				6.4 CITY-S		
14 I hereby o	pertify that the information supplied	with this filing does n	of qualify for the	e exemp	lion stated i	in Section 119.07(3)(i). Florida Statutes. I further certify that the information

Indicated on this annual report or supplied with this ning does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turther certify that fine informatic 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 change for on an attachment with an address.