

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90003 046 ***150.00

DOCUMENT # **P97000018240**

1. Corporation Name

LOAM ENTERPRISES CORPORATION

Principal Place of Business

**300 ARAGAON AVE.
CORAL GABLES FL 33134**

Mailing Address

**300 ARAGAON AVE.
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

65-0856695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

-Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 2600 Douglas Road

Suite, Apt. #, etc.

22 501

City & State

23 CORAL GABLES

Zip **33134**

Country

24 MIAMI-DADE

2a. Mailing Address

26 2495 EAGLE WATCH LN.

Suite, Apt. #, etc.

27

City & State

28 WESTON, FLORIDA

Zip

29 33327

Country

30 Broward

9. Name and Address of Current Registered Agent

**PITTMAN, LAZARA L ESQ.
1221 BRICKELL AVE. 9TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

Hagen & Hagen P.A. Max M Hagen

82 Street Address (P.O. Box Number is Not Acceptable)

3794 Shalimar St. #104

83

Hollywood, FL 33221

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **AMARO, RUBEN**
STREET ADDRESS **2495 EAGLE WATCH LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33327**

TITLE ☐ DELETE

NAME **Morella, Machado**
STREET ADDRESS **2495 EAGLE WATCH LANE**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

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STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres., Svc./Treas.** ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Director**

2.3 STREET ADDRESS **Morella Machado**

2.4 CITY-ST-ZIP **2495 Eagle Watch Lane**

Weston, FL 33327

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

8-25-99 954.349.6844

Date

Daytime Phone #

CR2E034 (5/99)

P97000018240
610994

LAW OFFICES
HAGEN & HAGEN, P.A.
3990 SHERIDAN STREET, SUITE 104
HOLLYWOOD, FLORIDA 33021
TELEPHONE (954) 987-0515
TELEFAX (954) 964-3764

MAX M. HAGEN
KEVIN L. HAGEN

PLEASE REF. TO
OUR FILE #

August 26, 1999

4725

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Loam Enterprises Corporation

Dear Sir/Madam:

In regard to the subject corporation, there is enclosed the original 1999 Annual Report and check payable to the order of Department of State in the sum of \$150.00.

I am aware of the fact that the report is being filed late, but the mail addressed to the corporation at 300 Aragon Avenue, Coral Gables, Florida 33134, was re-routed to two different addresses before the real party in interest, which is Morella Machado, received the form.

The appropriate mailing address and change of resident agent has been noted on the new form and should eliminate the problem with the delinquent filing, which occurred through the inadvertent circumstances described.

Please consider the acceptance of the form with the standard fee under the circumstances described.

Thank you for your cooperation and understanding in connection with this matter.

Very truly yours,


MAX M. HAGEN

MMH:mrt
Enclosures
cc: Morella Machado