

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90038 018 ***150.00

DOCUMENT # P97000021897

1. Corporation Name
LOTTEM, INC.

Principal Place of Business
24201 SW 192 AVENUE
HOMESTEAD FL 33031

Mailing Address
24201 SW 192 AVENUE
HOMESTEAD FL 33031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1997

4. FEI Number
65-0790511

Applied For
Not Applicable

2. Principal Place of Business
21 381 N. Krome Ave

2a. Mailing Address
26 381 N Krome Ave

Suite, Apt. #, etc.
22 211

Suite, Apt. #, etc.
27 211

City & State
23 Homestead FL

City & State
28 Homestead FL

Zip Country
24 33030 25 USA

Zip Country
29 33030 30 USA

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAAS, JOHN P ESQ
44 NE 16 STREET
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name Lorraine Tremblay
82 Street Address (P.O. Box Number is Not Acceptable) 381 N. Krome Ave
83
84 City Homestead FL 85 Zip Code 33030

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

(NOTE: Registered Agent signature required when reinstating)

3/30/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	LOPEZ, RUFINO F	24201 SW 192 AVENUE	HOMESTEAD FL 33031
D	LOPEZ, GLORIA F	24201 SW 192 AVENUE	HOMESTEAD FL 33031

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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, with all other like empowered.

SIGNATURE: Rufino Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 305-245-0780
Date Daytime Phone #

CR2E034 (11/98)