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

DOCUMENT # **P97000021897**1. Corporation Name

LOTTEM, INC.

Principal Place of Busi

Mailing Address

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

04-14-1999 90038 018 ***150.00



| Principal Place | e of Business | Mailing Address | | | | | |
|--|---|---|---|---|------------------------|--------------|------------|
| 24201 SW 192 | AVENUE | 24201 SW 192 AVENUE | | | | | |
| HOMESTEAD F | L 33031 | HOMESTEAD FL 33031 | | DO NOT WRITE IN | THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualifed | 77110 01 7102 | | |
| | | | | 03/10/1997 | | | |
| | | | | 4. FEI Number | T 1 Ass | lied For | |
| | lace of Business | 2a. Mailing Address | rome Ave | | , | Applicable | |
| 1 387 | N. Krome Ave | 26 38/ N K/ | NOME AVE | 65-0790511 | \$8.75 A | | |
| Suite, Apt. | #, etc. | — - · · | | 5. Certifcate of Status Desired | Fee Red | | |
| City & State | | 27 2// City & State | | C. Floring Compains Financing | Financing 55.00 May Be | | |
| Tark a state | | 28 Homestead El | | 6. Election Campaign Financing Trust Fund Contribution | Added to Fees | | |
| 3 From | Country | Zio Zio | Country | 8. This corporation owes the current ye | ··- | 7.000 | |
| Zip 24 <i>330</i> | | | 7/10/ | Personal Property Tax. | | □No | |
| 24 330 | 9. Name and Address of Current | | 9 2 M | 10. Name and Address of New Regis | | | |
| | 9. Name and Address of Current | Registered Agent | 81 Name / | To, Hame and Hadress of Real Page | <u></u> | | |
| MAA | AS. JOHN P ESQ | | | orraine Iremblas | / | | |
| | NE 16 STREET | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | | | |
| | MESTEAD FL 33030 | | 83 | 81 N. Krome Ave | | | |
| 11011 | MEG1218 1 C 00000 | • | . [55] | | | | |
| | | | 84 City | 1 - 1 | FL 85 Zip C | | |
| | | 1 007 4500 Florida Overhan | Aba abaya assardasan | omestead | | enistered | |
| 11. Pursuant office or r | to the provisions of Sections 607.0502 registered agent, or both, in the State of | 2 and 607.1508, Florida Statutes, of Florida. Such change was auth | , the above-named corp norized by the corporation | oration submits this statement for the purpon's board of directors. I hereby accept the | appointment as reg | istered. | |
| agent. I a | am tamiliar with, and accept the going at | tions of, Section 607.0505, Florid | a Statutes, | ÷1 | ha | | |
| SIGNATURE | Larraene fre | ulelay | egistered Agent signature require | 3/30/ | TE | | _ |
| 40 | Signature, typed or printed name of registered agent | | 13. | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTOR | RS IN 12 | ğ |
| TITLE | D OFFICERS AN | D DIRECTORS DELETE | 1,1 TITLE | 7,00,000,000,000 | ☐ Change | Addition | - |
| | LOPEZ, RUFINO F | | 1.2 NAME | | | | 2 |
| NAME | A4604 6144 466 A1/FHILE | | 1.3 STREET ADDRESS | | | | Ç |
| STREET ADDRESS | | | 1.4 CITY-ST-ZIP | | | | Š |
| CITY-ST-ZIP | HOMESTEAD FL 33031 | ☐ DELETE | 2.1 TITLE | | ☐ Change | Addition | ζ |
| TITLE | 1 T | | 2.2 NAME | | – • | _ | |
| NAME | LOPEZ, GLORIA F | , | | | | | - <u>-</u> |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | HOMESTEAD FL 33031 | DELETE | 2.4 CITY-ST-ZIP 3.1 TITLE | | Change | Addition | |
| TITLE | | □ pereie | | | | | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | :L | | 1 | | | | |
| CITY-ST-ZIP | | | 3.3 STREET ADDRESS | | | } | |
| TITLE | | N DELETE | 3.4. CITY-ST-ZIP | | Change | ☐ Addition | |
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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: AUGUST TYPED OR PRINTED NAME ON SIGNING OFFICER OR DIRECTOR

4/67/99 305-245-0780