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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000104105 (6) **DOCUMENT #**

FILED Apr 13 1998 8:00am Secretary of State

LOREAN INVESTMENT CORP. Principal Place of Business Mailing Address 8921 S.W. 5TH LANE 8921 S.W. 5TH LANE MIAMI FL 33174 MIAMI FL 33174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country *2*(p Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ELGARRESTA, LORENZO** 8921 S.W. 5TH LANE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33174** 83 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1.1 TITLE Change ☐ Addition NAME **ELGARRESTA, LORENZO** 1.2 NAME STREET ADDRESS 8921 S.W. 5TH LANE 1.3 STREET ADDRESS MIAMI FL 33174 1.4 CITY - ST - ZIP CITY-S1-7IP DELETE Change Addition TITLE 21 TITLE ELGARRESTA, ROSA M NAME 22 NAME 8921 S.W. 5TH LANE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITL€ -04/14/98--01013--011 NAME 6.2 NAME ***150.00 STREE1 ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 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 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 comporation or the receive 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 or in attachment with an address.