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 # P98000068749

1. Corporation Name

LORANDO HOLDINGS CORP.

Principal Place of Business				
	Principal	Place	of Bu	siness

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90126 036 ***150.00



						1 10011001 III (BIB) IIII (BBIII 001	11 48 114 44 144	/ 81121 (811) 1881 (31818 1811 1881
Principal Place	of Business	Mailing Address							
10101 SW 53RD		10101 SW 53RD AVE							
MIAMI FL 33156		MIAMI FL 33156				DO NOT WRIT	E IN THIS	SPACE	
							L 114 11 11C	- SI ACE	
						3. Date Incorporated or Qualifed 08/06/1998			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
10	626 HANCOCK KA	26 HTO ANNIAND	ALC	Do -		19-352944	2/		t Applicable
		Suite, Apt. #, etc.	1716	<u>ον</u> η,		<u> </u>		\$8.75 A	
Suite, Apt. #	, etc.	<u> </u>				Certifcate of Status Desired		Fee Re	I
22		27							
City & State	,	City & State	1.	114	إـ	6. Election Campaign Financing			May Be
23 C.K.	ERMONT IL	28 CYSTER SAY	DKE	<u>'V/</u> _	- · +	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zfp	Country	,		8. This corporation owes the curre	ent year In		
24 💆	7/// 25	29 ///9/ 30)			Personal Property Tax.		∐ Yes	MNo
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New R	egistered	Agent	
			81	Name	1	Prougos /www	240	_	į
CT(CORPORATION SYSTEM					KICHARD LUNE			
1200	SOUTH PINE ISLAND ROAD		82	Street		s (P.O. Box Number is Not Accepta	DIE)	<i>~</i>	ŀ
	ITATION FL 33324		83	 -		101 SW JSR	0 20	<u> </u>	
			63						Į.
			84	City				85 Zip C	ode
					//	(IIAM)	FL	- <i>3</i> 7	3/56
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corpora	ation submits this statement for the	purpose o	changing its	registered
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligatio	Florida, Such change was auth	ionzed by	tne corpo	oration's	s board of directors. I hereby accep	t the appo	intment as reg	jisterea
ayent. i an	in lamiliar with, and accept the obligation		a Gidiaice				,/,	ulaa	
SIGNATURE _	Signature, typed or printed name of registered agent a	VERUAG	vistered Ane	nt signatura f	recurred wi	hen reinstating)	DATE	777	—— ì
12.	OFFICERS AND		13.	in signature i	roquirou w	ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTO	RS IN 12
	OFFICERS AND	☐ DELETE	1.1 TITLE		12			☐ Change	Addition
TITLE		EJ betere	•	,	W/K	ECTOR, VICE, PAIS, SEC	7		
NAME			1.2 NAME		K	CHARD LUNEOURG			
STREET ADDRESS			1.3 STREE	TADDRESS	10	101 SW 53RD AVE	مرسرج		
CITY-ST-ZIP			1.4 CITY- S	T-ZIP	1	Jiami FL 33%	26		
TITLE		☐ DELETE	2.1 TITLE		DIR	ECTOR PRES. TREA	'5 .	☐ Change	Addition
NAME			2.2 NAME		3	NALD LUNEBURG	چ		ļ
			23 STREE	T ADDRESS	1/17	O ANNONDAIS DI	e.		
STREET ADORESS					77	Ray Pre	NV	111101	•
CITY-ST-ZIP		(T) BELETE	2. 4 CITY-	51-ZIP	14	VOICK WAY COPE	7	Change	Addition
TITLE		☐ DELETE	3.1 TITLE					[_] Change	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS	3				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		1			☐ Change	Addition
NAME			4. 2 NAME						[
									ļ
STREET ADDRESS			1	TADDRESS	'				
CITY-ST-ZIP			4.4 CITY- S	T-ZIP		······································			
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						l
STREET ADDRESS			5.3 STREE	TADDRESS	\$				
CITY-ST-ZIP			5.4 CITY- 9	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		1			☐ Change	☐ Addition
NAME			6.2 NAME						
			1	T ADORESS					
STREET ADDRESS			1		1				
CITY-ST-ZIP			6.4 CITY-5	I-ZIP	1				

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 eport on 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 outrustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if thanged or on an attachment with an address, with all other like empowered.

SIGNATURE: