

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S04942 (6)**

1. Corporation Name
EMILIO A. LOPEZ, INC.



Principal Place of Business: **1758 WEST 44TH PLACE HIALEAH FL 33012**
 Mailing Address: **1758 WEST 44TH PLACE HIALEAH FL 33012**

2. Principal Place of Business
 21 **1701 W 43 PL**
 22 **APT 62**
 23 **Hialeah**
 24 **33012-0494** **USA**
 2a. Mailing Address
 26 **PO Box 3564**
 27
 28 **Hialeah, FL**
 29 **33013** 30 **USA**

3. Date Incorporated or Qualified: **10/10/1990**
 3a. Date of Last Report: **03/24/1995**
 4. FEI Number: **65-0221645**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**LOPEZ, EMILIO A.
 1758 WEST 44TH PLACE
 HIALEAH FL 33012**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): **1701 W 43 PL. APT #62**
 83
 84 City: **Hialeah** FL 85 Zip Code: **33012**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/31/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, MAGALY	
STREET ADDRESS	1758 WEST 44TH PLACE	
CITY, ST, ZIP	HIALEAH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LOPEZ, EMILIO A.	
STREET ADDRESS	1758 WEST 44TH PLACE	
CITY, ST, ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1701 W 43 PL.	
1.3 STREET ADDRESS	Hialeah, FL	
1.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME	1701 W 43 PL.	
2.3 STREET ADDRESS	Hialeah, FL	
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address

SIGNATURE: *[Signature]* DATE: **1/31/96** **305-556-5304**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)