

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **504943**
Emilio A Lopez Inc

1701 W 42 PL # 62
Hialeah FL 33012-7494

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation or Qualification 10/10/90	4. FEI Number 65-0221645	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent Lopez Emilio A. 1701 NW 42 PL # 62 Hialeah FL 33012-7494	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. I, the undersigned, being a duly qualified agent of the above-named corporation, hereby certify that the information furnished herein is true and correct, and that the corporation is authorized to file this statement for the purpose of changing its 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 and accept the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>S/T/P. Lopez Emilio 1701 W 42 PL # 62 Hialeah FL</p> <input type="checkbox"/> DELETE	<p>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY - ST - ZIP</p> <p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY - ST - ZIP</p> <p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY - ST - ZIP</p> <p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY - ST - ZIP</p> <p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY - ST - ZIP</p> <p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY - ST - ZIP</p>
	<p>200002487512 -04/14/98--01013--028 ***150.00</p> <p>PE 4.13</p>

14. I 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 furnished herein 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 the report.

SIGNATURE: **Emilio A Lopez** 3/30/98
Date: **305-556-530x**

CR2E034 (10/97)