

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # S97081 (1)

1. Corporation Name

LOUDAN, INC.

Principal Place of Business

**901 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES FL 33134**

Mailing Address

**901 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1991

3a. Date of Last Report

06/14/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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. 190.032
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Locality

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Locality

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELENDEZ, MARISA T.
901 PONCE DE LEON BLVD
SUITE 304
CORAL GABLES FL 33134**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85

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 607.1505, Florida Statutes.

SIGNATURE



12. Registered Agent for this corporation (if not the same as above)

13

12. OFFICERS AND DIRECTORS

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12a

NAME

STREET ADDRESS

CITY & STATE

ZIP

**PSD
MELENDEZ, SERGIO L.
901 PONCE DE LEON BLVD
CORAL GABLES FL**

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY & STATE

1. ZIP

☐ Change ☐ Addition

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY & STATE

2. ZIP

☐ Change ☐ Addition

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY & STATE

3. ZIP

☐ Change ☐ Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY & STATE

4. ZIP

☐ Change ☐ Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY & STATE

5. ZIP

☐ Change ☐ Addition

6. TITLE

6. NAME

6. STREET ADDRESS

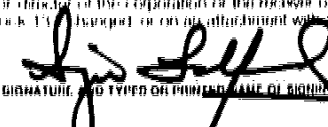
6. CITY & STATE

6. ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(2)(b), 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, hereon or on an attachment with an address.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filed in