SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 10: 08

DOCUMENT # **V14603** **(7)**

1. Corporation Name

LLODRA & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
7593 NW 8 ST SUITE 5 MIAMI FL 32126	7593 NW 8 ST SUITE 5 MIAMI FL 32126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1992
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business: 366 Minorca Ave.
25 2a. Mailing Address: Same

22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.: Same

23 City & State: Coral Gables, FL
26 City & State: Same

24 Zip: 33134 25 Country: USA
29 Zip: Same 30 Country: Same

4. FEI Number: 65-0317188 ☐ 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 authority to transact business in Florida and qualifies under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LLODRAI, ALBERT
7593 NW 8 ST
SUITE 5
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Albert Llodra
82 Street Address (P.O. Box Number is Not Acceptable): 366 Minorca Avenue
83
84 City: Coral Gables FL 85 Zip Code: 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. * ADDITIONS, CHANGES, DELETIONS, AND CURRECTIONS	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition President
NAME	LLODRA, ALBERT C	1.2 NAME	Albert Llodra
STREET ADDRESS	7593 N.W. 8TH ST., #5	1.3 STREET ADDRESS	366 Minorca Avenue
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	Coral Gables, FL 33134
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

CR2E034 (3/95)

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)(i), 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 an address.

SIGNATURE: _____ 6/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038303 CP