

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

FILED
Mar 23 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 # V16475 (8)
1. Corporation Name
LORO CORPORATION

Principal Place of Business
~~6808 SW 105 CT~~
MIAMI FL 33173

Mailing Address
~~6808 SW 105 CT~~
~~MIAMI FL 33173~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14615 SW 104 ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI - FL Zip 24 33186		2a. Mailing Address 25 3040 SW 78 CT. Suite, Apt. #, etc. 26 City & State 27 MIAMI - FL Zip 28 33155		3. Date Incorporated or Qualified 02/25/1992	
29 33186		30 33155		4. FEI Number 65-0318949	
29 33186		30 33155		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 33186		30 33155		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 33186		30 33155		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOPEZ, EMILIO 6808 SW 105 CT MIAMI FL 33173		10. Name and Address of New Registered Agent 81 Name LOPEZ, EMILIO 82 Street Address (P.O. Box Number is Not Acceptable) 3040 SW 78 CT. 83 84 City MIAMI FL 85 Zip Code 33155	
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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 *Emilio Lopez* *Emilio Lopez President* 3/16/98
(Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, EMILIO 6808 SW 105 CT MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3040 SW 78 CT. MIAMI - FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ARTHUR F. 6808 SW 105 CT MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JOSEFA C. LOPEZ 3040 SW 78 CT. MIAMI - FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Emilio Lopez* *Emilio Lopez* 3/16/98 (605) 386-8889

CR2E034 (10/97)