

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

FILED

May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V18516** (7)
1. Corporation Name
RICARDO LORENZO LAWN SERVICE CORP.



Principal Place of Business: **5410 W 8 AVE HIALEAH FL**
Mailing Address: **5410 WEST 8TH LANE HIALEAH FL 33012-2431 US**

| | | | | | | | |
|---|--|---------------------------|--|-----------------------------------|--|-------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 8962 N.W. 145 Lane | | 26 P.O. Box 110838 | | 03/04/1992 | | 02/27/1996 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 MIAMI, FL | | 28 HIALEAH, FL | | 65-0322533 | | Not Applicable | |
| 24 33018 | | 25 U.S. | | 29 33011 | | 30 U.S. | |
| 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LEVI, RAMUNDO C LOPEZ LEVI & ASSOCIATES PA CPA 815 NW 57TH AVE #304 MIAMI FL 33126 | | | | 81 Name Ricardo Lorenzo | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 8962 N.W. 145 Lane | | | |
| | | | | 83 | | | |
| | | | | 84 City Miami FL 85 Zip Code 33018 | | | |

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: *Ricardo Lorenzo* DATE: **3-7-97**
Signature type for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LORENZO, RICARDO | 1.2 NAME | <i>Lorenzo</i> |
| STREET ADDRESS | 5410 W 8 AVE | 1.3 STREET ADDRESS | 8962 N.W. 145 Lane |
| CITY-ST-ZIP | HIALEAH FL | 1.4 CITY-ST-ZIP | Miami, FL 33018 |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LORENZO, BLANCA | 2.2 NAME | Ricardo Lorenzo |
| STREET ADDRESS | 5410 W 8 AVE | 2.3 STREET ADDRESS | 8962 N.W. 145 Lane |
| CITY-ST-ZIP | HIALEAH FL | 2.4 CITY-ST-ZIP | Miami, FL 33018 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Blanca Lorenzo |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 8962 N.W. 145 Lane |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Miami, FL 33018 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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, in an attachment with an address.

SIGNATURE: *Ricardo Lorenzo* SIGNATURE REQUIRED DATE: **3-7-97**
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/96)