P CORF	NOW: FILING FEE	FLORIDA DEPA Sandra	IS \$225.00 ARTMENT OF STATE B Mortham ary of State		
1996		•./	CORPORATIONS		
DOCUN		8 (7)			
JOSE	L. LOPEZ, INC.				
Principal Place 6310 NW 1 HIALEAH Fi US	13 TERR	Mailing Address 6310 NW 113 TERR HIALEAH FL 33012 US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		05/29/1992 4. FEI Number	05/01/1995 Applied For
21 Suite, Apt. #	, etc.	26 Suite, Apt. #, etc		65-0339571	Not Applicable
22		27		5. Certificate of Status Desired	L. Fee Required
City & State		City & State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30	<ol> <li>This corporation has liability for i Florida Statutes</li> <li>Yes</li> </ol>	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	a and a second
				OSE L. LOPEZ	
6310 NW 113 TERR			631C	NW 113 Terrac	e
HIALEA	AM FL 33012				las Zo Codo
			on uny ht	Aleah	FL 85 Zip Code 330/2
or registere	a the provisions of Sections 607.0502 ad agent, or both, in the State of Flood n, and accept the obligations of, Sectio	<ul> <li>Such change was authoriz</li> </ul>	red by the corporation's boar	ation submits this statement for the pur d of directors. Thereby accept the appo	pose or changing its registered office pintment as registered agent. I am
SIGNATURE	, ,	Jo	SE L. Lopez	2-President	···
12.	Signative, typed or primes there, of registered agend a OFFICERS AND		Begistered Agrint solital are required     13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 Change Addition
TITLE	P Lopez, Jose L.	DELETE	1 1 TILE		Change Addition
NAME STREET ADDRESS	6310 NORTHWEST 113TH 1	ER	1.2 NAME 1.3 STREET ADDRESS		E E S
CITY - ST - ZIP	HIALEAH FL		1 4 C-TY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LOPEZ, SADYE 6310 NORTHWEST 113TH 1 HIALEAH FL	TER	2 1 11/LE 2 2 NAME 2 3 STREFT ADDRESS 2 4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	3 * TIFLE		Change 🔲 Addit-on
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY - ST - ZIP			34 CITY ST-ZIP		
TITLE		DELETE	4 1 TALE		Change 🔲 Addition
NAME STREET ADDRESS			4.2 NAME 4.3 SYFEET ADDRESS		
CITY - ST - ZIP			4 4 CITY - ST - ZIP		
TITLE NAME		🗖 DELETE	5 1 TITLE 5 2 NAME		Change 🔲 Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			54 CITY - ST - ZIP		
TITLE NAME		DÊLETE	6 1 TITLE 6 2 NAME		Change 🔲 Addition
NAME STREET ADDRESS			6 3 STREET ADORESS		
CITY - ST - ZIP		141. Abolin Education in a state of the	64 CITY ST-ZIP	as hus as amotion along the Capital of C	OZ(Quild Elevide Cratition 14. Alexan
certify that	the information indicated on this annu-	at report or supplemental an ation or the receiver or truste n an attachment with an add	iual report is true and accurate to empowered to execute this lifess.	or the exemption stated in Section 119. to and that my signature shall have the s report as required by Chapter 607, Fi	same legal effect as if made under orida Statutes; and that my name
SIGNAT	URE:	PRINTED TANK OF SIGNING OFFIC	OSE L. LOPE	2 5-31-96	305-556-1932- Daytrie Priore >