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 1997 (printed 1995; the 5 is written over as 7)

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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # V43413 (6)

1. Corporation Name
LORENCE ENTERPRISES, INC.

Principal Place of Business
115 S.W. 136 COURT
MIAMI FL 33184
US

Mailing Address
P.O. BOX 012264
MIAMI FL 33101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1992
3a. Date of Last Report: 05/01/1994 06.2995.
4. FEI Number: 65-0341988 — Applied For / Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [X] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21 444 Brickell ave
22 Suite 718
23 Miami, Florida
24 33131 25 Country

2a. Mailing Address
26 P.O.Box 012264
27
28 Miami, Florida
29 33101 30 Country

9. Name and Address of Current Registered Agent
LARISA SALAS KASTILIO
927 SW 135 CT
MIAMI FL 33184

10. Name and Address of New Registered Agent
81 Name: Larisa Salas Kastilio
82 Street Address (P.O. Box Number is Not Acceptable): 444 Brickell ave
83 Suite 718
84 City: Miami FL 85 Zip Code: 33101

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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[signature]* 06.29.1995

12. OFFICERS AND DIRECTORS
D
KASTILIO, LARISA SALAS
899 W AVE SUITE 8F
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
1.1 TITLE: P T S [X] Change
1.2 NAME: KASTILIO, LARISA SALAS
1.3 STREET ADDRESS: 115 S.W. 136 ct
1.4 CITY-ST-ZIP: ~~MIAMI,FL.33184~~
2.1 TITLE: V-P [X] Addition
2.2 NAME: LAPINA, ERA
2.3 STREET ADDRESS: 11312 S.W. 67th Terr.
2.4 CITY-ST-ZIP: MIAMI,FL.33173.

200002180632
-05/16/97--01005--001
***175.00

14. I 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 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, with all other like empowered.

SIGNATURE: *[signature]* Larisa Salas Kastilio,President. Tel (305) 374-41-11 Fax 374-99-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR