

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



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

1996 *3-14-96* *B-2224* *C*

DOCUMENT # **V71993** (2)

1. Corporation Name  
**LORET ENTERPRISES, INC.**



Principal Place of Business

1627 BRICKELL AVE  
APT 2103  
MIAMI FL 33129

Mailing Address

~~1627 BRICKELL AVE~~  
~~APT 2103~~  
**MIAMI FL 33129**

3. Date Incorporated or Qualified **10/16/1992** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Sub: Apt #, etc.  
22 City & State  
23 Zip Country  
24

26 **255 ALHAMBRA CIRCLE**  
27 **715**  
28 **CORAL GABLES FL**  
29 **33134** 30 **U.S.A**

4. FEE Number **65-0373633** 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 liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**RUBIN, CHARLES D.**  
**9100 S DADELAND BLVD**  
**SUITE 1707**  
**MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

(Print name and typed name of registered agent and then applicable)

(Print Registered Agent signature, name and where residing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PSTD FANGIO, JUAN M II**  
STREET ADDRESS **1627 BRICKELL AVE. - SUITE 2103**  
CITY-ST-ZIP **MIAMI FL 33129**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **1627 BRICKELL AVE SUITE 2704**  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME **SD FANGIO, VIVIANA**  
2.3 STREET ADDRESS **1627 BRICKELL AVE SUITE 2704**  
2.4 CITY-ST-ZIP **MIAMI FL 33129**  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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 on an attachment with an address.

SIGNATURE: *Juan M. Fangio* **JUAN M. FANGIO**

*2/22/96*

CR2E034 (12/95)