

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V72589**

(7)

1. Corporation Name

LO FRIA ENTERPRISE, INC.



Principal Place of Business

**21914 OLD BRIDGE TR
BOCA RATON FL 33428
US**

Mailing Address

**21914 OLD BRIDGE TR
BOCA RATON FL 33428
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/20/1992

3a. Date of Last Report

05/16/1995

4. FEI Number

65-0368154

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

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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

(Signature of principal officer or director, or both, as applicable)

(Signature of Registered Agent, or both, as applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

**D
LO FRIA, ANTHONY
21914 OLD BRIDGE TR
BOCA RATON FL**

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

**D
LO FRIA, CAMILLE M
21914 OLD BRIDGE TR
BOCA RATON FL**

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Camille M. LoFria
Camille M. LoFria

2/20/96

407-477-0401

CR2E034 (12/95)