

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL 20 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 532240 (9)

1. Corporation Name
LAUDICINA ENTERPRISES, INC.

Principal Place of Business Mailing Address
6620 S.W. 46TH ST. 6620 S.W. 46TH ST.
MIAMI FL 33155 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/25/1977 03/11/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 LAUDICINA ENT.		26 7 LAUDICINA ENT.		59-1739378		Not Applicable	
22 LOT A.V. 17 ST		27 P.O. BOX 411		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Big Pine Key, FL.		28 Big Pine Key, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33043		25 USA		29 33043		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAUDICINA, JOHN A. 6620 S.W. 46TH ST. MIAMI FL 33155				81 Name MIKE LAUDICINA			
				82 Street Address (P.O. Box Number is Not Acceptable) LOT A.V. 17 ST.			
				83 I			
				84 City Big Pine Key FL 85 Zip Code 33043			

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 *Michael N. Laudicina* (MICHAEL N. LAUDICINA) DATE 7-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUDICINA, JOHN A.	1.2 NAME	LAUDICINA, MICHAEL, N
STREET ADDRESS	6620 S.W. 46TH ST.	1.3 STREET ADDRESS	LOT A.V. 17 ST
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Big Pine Key, FL. 33043
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUDICINA, LEONORA	2.2 NAME	
STREET ADDRESS	6620 S.W. 46TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, or on an attachment with an address.

SIGNATURE: *Michael N. Laudicina* DATE 7-15-95 (305) 872 3649

CR2E034 (3/95)