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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **519091** **(3)**

1. Corporation Name
L. LURIA & SON, INC.

Principal Place of Business	Mailing Address
5770 MIAMI LAKES DRIVE MIAMI LAKES FL 33014	5770 MIAMI LAKES DRIVE MIAMI LAKES FL 33014-2476

3. Date Incorporated or Qualified: 11/24/1976
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-0620505 ☐ 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

LURIA, LEONARD
5770 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: Albert Friedman
82 Street Address (P.O. Box Number is Not Acceptable): 5770 Miami Lakes Drive
83
84 City: Miami Lakes FL 85 Zip Code: 33014

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: Albert Friedman — Albert Friedman — 4/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTD LURIA, LEONARD 5770 MIAMI LAKES DR MIAMI LAKES FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/C Ilia Lekach 5770 Miami Lakes Drive Miami Lakes, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LURIA, PETER 5770 MIAMI LAKES DR MIAMI LAKES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Rachmil Lekach 5770 Miami Lakes Drive Miami Lakes FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LURIA-COHEN, NANCY 5770 MIAMI LAKES DR MIAMI LAKES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/VP Albert Friedman 5770 Miami Lakes Drive Miami Lakes FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LURIA, SYDNEY 5770 MIAMI LAKES DR MIAMI LAKES FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Joel Fidelstein / Harry Diven 5770 Miami Lakes Drive Miami Lakes FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLOERCHINGER, THOMAS 5770 MIAMI LAKES DRIVE MIAMI LAKES FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Fred Fuhrmann / Erwin Zafir 5770 Miami Lakes Dr. Miami Lakes FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARKS, EDWIN 5770 MIAMI LAKES DR MIAMI LAKES FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VP Michael Winer 5770 Miami Lakes Drive Miami Lakes FL	☐ Change ☒ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Albert Friedman — Albert Friedman — 4/16/97 — 305/557-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0119989