

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

DOCUMENT # **554022** (4)
LAUREN LTD., INC.

95 MAY 10 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location: 2625 W. 78TH STREET, HIALEAH FL 33016 US
Mailing Address: P.O. BOX 4602, HIALEAH FL 33014 US

(DO NOT WRITE IN THIS SPACE)

2. Form filed for corporation		2a. Mailing Address		3. Date incorporated or qualified	3a. Date of last report
21		26		10/06/1977	04/12/1994
22. State of incorporation		27. State of mailing address		4. FIC Number	Applied for / Not Applicable
22		27		59-1770614	
23. City and state		28. City and state		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24. Country		29. Country		6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		<input type="checkbox"/>	
25. State		30. State		8. This corporation has liability for intangible tax under Section 199.04, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUDNICK, GREG 2625 WEST 78TH STREET, #3 HIALEAH FL 33016				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State			
				FL 85. Zip Code			

11. I, the undersigned, the president of the corporation, certify that the above named corporation submits this statement for the purpose of changing its registered office as required by section 199.04, Florida Statutes. Such change was authorized by the corporation's board of directors, thereby, except the appointment of registered agent. I am familiar with and accept the obligations of section 199.04, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ALTERNATE OFFICERS, DIRECTORS, AND DIRECTORS-AT-LARGE	
12.1 NAME	PST RUDNICK, GREG	13.1 NAME	
12.2 STREET ADDRESS	544 NE 93RD STREET	13.2 STREET ADDRESS	
12.3 CITY	MIAMI SHORES FL	13.3 CITY	
12.4 NAME		13.4 NAME	
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.6 CITY		13.6 CITY	
12.7 NAME		13.7 NAME	
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY		13.9 CITY	
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY		13.12 CITY	
12.13 NAME		13.13 NAME	
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY		13.15 CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law under 199.04, Florida Statutes. I affirm and certify that the information included 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 person or persons authorized to execute the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an alternate listed with an address.

SIGNATURE: *[Signature]*
DATE: 5/3/95
FILE NO: 555-2926