

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **554022** (4)

1. Corporation Name  
**LAUREN LTD., INC.**



Principal Place of Business Mailing Address  
**2625 W. 78TH STREET  
HIALEAH FL 33016  
US** **P.O. BOX 4602  
HIALEAH FL 33014  
US**

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

3. Date Incorporated or Qualified **10/06/1977** 3a. Date of Last Report **05/10/1995**  
4. FEI Number **59-1770614** 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  
**RUDNICK, GREG  
2625 WEST 78TH STREET, #3  
HIALEAH FL 33016**

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 607.1502, 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. Thereby accept the appointment as registered agent. I am hereby with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
2. NAME	<b>RUDNICK, GREG</b>	
3. STREET ADDRESS	<b>544 NE 93RD STREET</b>	
4. CITY, ST, ZIP	<b>MIAMI SHORES FL</b>	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 change I, or on an addition with an address.

SIGNATURE: *Greg Rudnick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 557-2920

CR2E034 (12/95)