

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **678958**

(0)

05 MAY - 1 AM 11:20

LAZARO'S HOME, INC.

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1980	3a. Date of Last Report 07/14/1994
4. FEI Number 59-2032634	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	

2. Principal Place of Business 410 E 24TH ST HIALEAH FL 33013	2a. Mailing Address 410 E 24TH ST HIALEAH FL 33013
21. Suite, Apt. # etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent RAMOS, ISRAEL 410 E 24TH ST HIALEAH FL 33013	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
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11. Pursuant to the provisions of Sections 607.0507 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 607.0507, Florida Statutes.

SIGNATURE

(Signature of Agent, if not the registered agent, it shall appear here)

(Signature of Registered Agent, if not the registered agent, it shall appear here)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD RAMOS, ISRAEL 410 E 24TH ST HIALEAH, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD RAMOS, ADELFA 410 E 24TH ST HIALEAH, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included in 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 305 691-2415
Date Registered Office

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # 679455

(6)

STEVEN A. BOOTES INC.

APPROVED
7/1/95
FILED

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Principal Office (If Registered)
1091 NE 45TH ST
FT LAUDERDALE FL 33334

Mailing Address
1091 NE 45TH ST
FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

2. Principal Office (If Registered)

21

2a. Mailing Address

26

3. Date of Last Report

22

3a. Date of Last Report

27

4. City & State

23

4a. City & State

28

5. City & State

24

25

29

30

3. Date Incorporated or Qualified

07/23/1980

3a. Date of Last Report

05/01/1994

4. FCI Number

59-2014973

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

7. This corporation has liability for filing under Chapter 100, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOTES, STEVE
1091 NE 45TH ST.
FT LAUDERDALE FL 33334

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 607.0802 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 fully qualified and accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is Not Acceptable)

Signature of Registered Agent (If Registered Agent is Not Acceptable)

Signature of Registered Agent (If Registered Agent is Not Acceptable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP
2. NAME	BOOTES, STEVEN A
3. STREET ADDRESS	1091 NE 45TH ST
4. CITY & STATE	FT. LAUDERDALE FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(2)(b), Florida Statutes. I further certify that the information included on this report is not a representation of financial performance and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or a duly authorized person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 14 of this report. I declare under penalty of perjury that I am a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

STEVEN A. BOOTES 4/22/96

Signature of Registered Agent