

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G34008

(4)

1. Corporation Name

COMMERCE LANE ENTERPRISES, INC.

Principal Place of Business

**5757 S.W. 68TH STREET
SOUTH MIAMI FL 33143**

Mailing Address

**5757 S.W. 68TH STREET
SOUTH MIAMI FL 33143**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:04

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/18/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2276015

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. 109.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**PEREIRA, JOSEPH A., JR.
10300 SW 72 ST #470C
MIAMI FL 33173**

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 607.1508, 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

(Signature of registered agent and the filer)

(FILER: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**STD
LUTES, ROY
12360 SW 109TH TERR
MIAMI, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**PD
LUTES, EDWARD
8045 SW 10TH TERR
MIAMI, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I 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 disclosed 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

Ray P. Lutes

(Signature and typed or printed name of signing officer or director)

3/11/95

305-661-9297

Date

Telephone