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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H78736 (6)

1. Corporation Name  
LAURAMONT, INC.

Principal Place of Business  
% A. G. MONTANARI  
8031 S.W. 122ND STREET  
MIAMI FL 33156

Mailing Address  
% A. G. MONTANARI  
8031 S.W. 122ND STREET  
MIAMI FL 33156-5230



3. Date Incorporated or Qualified 09/30/1985  
3a. Date of Last Report 06/25/1996

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

4. FEI Number 59-2609715  
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

10. Name and Address of New Registered Agent

MONTANARI, A. G.  
8031 S.W. 122ND STREET  
MIAMI FL 33156

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 officer 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	DPT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANARI, A. G.	12 NAME	
STREET ADDRESS	8031 S.W. 122ND STREET	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	DVS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANARI, M.	22 NAME	
STREET ADDRESS	8031 SW 122ND STREET	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY - ST - ZIP	

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: A.G. Montanari, President 2/25/97 305-255-3033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)