

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # **H81191** (9)

1. Corporation Name:
LAZARO GUERRA, INC.

Principal Place of Business: **2140 W. 68TH ST SUITE 200 HIALEAH FL 33016**

Mailing Address: **2140 W. 68TH ST SUITE 200 HIALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/14/1985**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0082469**

Applied For: 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 § 199.03? Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26

22. State Apt # etc: 27

23. City & State: 28

24. Zip: 25

29. Country: 30

9. Name and Address of Current Registered Agent:
**GUERRA, LAZARO
2140 W. 68TH STREET SUITE #200
HIALEAH FL 33016-8864**

10. Name and Address of New Registered Agent:

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 607.0502, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	DP
12. NAME	GUERRA, LAZARO
13. STREET ADDRESS	3900 SW 126TH AVE
14. CITY, ST, ZIP	MIRAMAR FL
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.031 (b), Florida Statutes. I further certify that the information indicated on this filing is required for supplementation annual report as filed and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the receiver or trustee appointed to administer the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LAZARO GUERRA** 4/27/95 (305) 557-0211