FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:23

DOCUMENT # P94000006320 (3)

1. Corporation Name

LAZARO ENTERPRISES, INC.

Principal Place of Business:
4701 N.W. 35TH AVE.
MIAMI FL 33142

Mailing Address:
4701 N.W. 35TH AVE.
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21
State Apt # etc.
22
City & State
23
24 Zip | 25 County

2a. Mailing Address
26
Suite Apt # etc.
27
City & State
28
29 Zip | 30 Country

4. FEI Number: 65-0580774 — 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. The corporation has liability for intangible tax under S. 199.012 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, JEFFREY R
17082 W. DIXIE HWY.
N. MIAMI BEACH FL 33160

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAZARO, RALPH
STREET ADDRESS	4701 N.W. 35TH AVE.
CITY-ST-ZIP	MIAMI FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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 119.07(3)(a), Florida Statutes. I further certify that the information indicated on the 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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ralph Lazaro

4/10/95 (305) 635-2210
DATE / PHONE

0151072 CP

5/18/95

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN 65-0580774

OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)
LAZARO ENTERPRISES, INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
4701 N.W. 35th Avenue

5a Address of business (See instructions.)

4b City, state, and ZIP code
Miami, Florida 33142

5b City, state, and ZIP code

6 County and state where principal business is located
Dade, Florida

7 Name of principal officer, grantor, or general partner (See instructions.) ▶ Ralph Lazaro
SS# 262-92-3604

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Individual SSN
- ☐ REMIC
- ☐ State/local government
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate
- ☐ Plan administrator SSN
- ☒ Other corporation (specify)
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization
- ☐ Other nonprofit organization (specify) — If nonprofit organization enter GEN (if applicable)
- ☐ Other (specify) ▶

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ | Foreign country | State: Florida

9 Reason for applying (Check only one box.)

- ☒ Started new business
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
January 26, 1994

11 Enter closing month of accounting year. (See instructions.)
December 31,

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶ Dec. 1, 1994

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶

Nonagricultural	Agricultural	Household
1	0	0

14 Principal activity (See instructions.) ▶ PROPERTY RENTAL - COMMERCIAL

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ ☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Telephone number (include area code)

Name and title (Please type or print clearly.) ▶ Ralph Lazaro | (305) 635-2210

Signature ▶ Date ▶ 5-24-95

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying