

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

01/26/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

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

☐

\$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

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

81 Name

Ralph Lazaro

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

4701 N.W. 35TH AVE

83

84 City

Miami

FL

85 Zip Code

33142

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, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the individual or firm of registered agent and, if not applicable,

Ralph Lazaro President

3/4/96

12. OFFICERS AND DIRECTORS

1. TITLE

D
LAZARO, RALPH
4701 N.W. 35TH AVE.
MIAMI FL 33142

☐ DELETE

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 1. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 1. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 1. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 1. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

(305) 635-2210

Date Daytime Phone #

CR2E034 (12/95)