

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:03

DOCUMENT # **P94000031846 (6)**

1. Corporation Name
5019 LAUREL CORP.

Principal Place of Business
**3795 SW 108TH AVE.
MIAMI FL 33165**

Mailing Address
**3795 SW 108TH AVE.
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/25/1994** 3a. Date of Last Report

4. FEI Number **65-0493944** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIDENER, JAMES P
3795 SW 108TH AVE.
MIAMI FL 33165**

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: Typed or printed name of registered agent and title of appointment

DATE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **WEIDENER, JAMES P**
STREET ADDRESS **3795 SW 108TH AVE.**
CITY ST ZIP **MIAMI FL 33165**

11 TITLE **D P** Change Addition
12 NAME **WEIDENER**
13 STREET ADDRESS
14 CITY ST ZIP

TITLE **D**
NAME **WEIDENER, MARGARITA**
STREET ADDRESS **3795 SW 108TH AVE.**
CITY ST ZIP **MIAMI FL 33165**

21 TITLE **D S T** Change Addition
22 NAME **WEIDENER**
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **D**
NAME **ESPINOSA, ERNESTO E**
STREET ADDRESS **1727 SW 102ND PLACE**
CITY ST ZIP **MIAMI FL 33165**

31 TITLE **D V** Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included 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:

James P. Weidener
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES P. WEIDENER

1/18/95
(Sic)

(305) 599-6381
(Customer Service)