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May 05 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 # P94000052865 (0)

1. Corporation Name
LOURON & ASSOCIATES, INC.



Principal Place of Business
2835 HOLLYWOOD BLVD.
4TH FL.
HOLLYWOOD FL 33020
US

Mailing Address
2835 HOLLYWOOD BLVD.
4TH FL.
HOLLYWOOD FL 33020-4235
US

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 20441 NE 30 Ave

26 20441 NE 30 Ave

22 Suite, Apt. #, etc.
104

27 Suite, Apt. #, etc.
104

23 City & State
Aventura, FL

28 City & State
Aventura, FL

24 Zip
33180

25 Country
USA

29 Zip
33180

30 Country
USA

4. FEI Number
65-0507203

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

SAVAGE, CRAIG D
801 N.E. 167TH ST., SUITE 302-A
N. MIAMI BEACH FL 33162

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 doc. if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WERNER, RONALD K
STREET ADDRESS 2835 HOLLYWOOD BLVD. 4TH FL.
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE PD
1.2 NAME WERNER, RONALD K
1.3 STREET ADDRESS 20441 NE 30 Ave 104
1.4 CITY-ST-ZIP Aventura, FL 33180

TITLE VD
NAME LEO, LOU
STREET ADDRESS 2835 HOLLYWOOD BLVD. 4TH FL.
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE VD
2.2 NAME LEO LOU
2.3 STREET ADDRESS 20441 NE 30 Ave 104
2.4 CITY-ST-ZIP Aventura, FL 33180

TITLE VD
NAME WERNER, RITA
STREET ADDRESS 2835 HOLLYWOOD BLVD. 4TH FL.
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE VD
3.2 NAME WERNER, RITA
3.3 STREET ADDRESS 20441 NE 30 Ave 104
3.4 CITY-ST-ZIP Aventura, FL 33180

TITLE TD
NAME LEO, LISA
STREET ADDRESS 2835 HOLLYWOOD BLVD. 4TH FL.
CITY-ST-ZIP HOLLYWOOD FL

4.1 TITLE TD
4.2 NAME LEO, LISA
4.3 STREET ADDRESS 20441 NE 30 Ave 104
4.4 CITY-ST-ZIP Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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: *Ronald K Werner* 4/23/97 305-935-3112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)