

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 # P94000066507 (2)

1. Corporation Name

LORENZ CLEANERS, INC.



Principal Place of Business

1659 DREXEL AVE
MIAMI BEACH FL

Mailing Address

1659 DREXEL AVE
MIAMI BEACH FL

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0530836

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

FELDMAN, DAVID ESO
407 LINCOLN RD PH NE
MIAMI BEACH FL 33139

81. Name

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

83

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of State (if applicable)

Signature of Registered Agent or Secretary of State (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	DELETE
NAME	RAJIC, LORENZA	
STREET ADDRESS	1659 DREXEL AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVS	DELETE
NAME	RAJIC, MATO	
STREET ADDRESS	1659 DREXEL AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP	Change	Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP	Change	Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP	Change	Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP	Change	Addition
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP	Change	Addition

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 on an attachment with an address.

SIGNATURE:

Lorenza Rajic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORENZA RAJIC

5/30/96 305-5328651
Date Date of Filing

CR2E034 (12/95)