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Apr 22 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 # P96000013534 (8)

1. Corporation Name
JOSEPH LAURENZANO DESIGNS, INC.

Principal Place of Business
8888 SW 129 TERRACE
MIAMI FL 33176

Mailing Address
8888 SW 129 TERRACE
MIAMI FL 33176-5945



3. Date Incorporated or Qualified 02/12/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0656000		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		29					

9. Name and Address of Current Registered Agent

LAURENZANO, JOSEPH
8888 SW 129 TERRACE
MIAMI FL 33176

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Laurenzano, Joseph
NAME	LAURENZANO, JOSEPH	1.2 NAME	
STREET ADDRESS	18555 SW 89 COURT	1.3 STREET ADDRESS	13100 S.W. 92 Ave, Apt C410
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	SD	2.1 TITLE	Roman, Cesar A.
NAME	ROMAN, CESAR A	2.2 NAME	
STREET ADDRESS	18555 SW 89 COURT	2.3 STREET ADDRESS	13100 S.W. 92 Ave, Apt C410
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. Joseph Laurenzano

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)