

FILED

Jun 04 1998 8:00am

Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION,
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT #
1. Corporation Name

P9700000 7146

LAURAL PROPERTIES, INC.

Principal Place of Business

Mailing Address

11900 Biscayne Blvd.
Ste. 760
Miami FL 3318111900 Biscayne Blvd.
Ste. 760
Miami FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 18090 Collins Ave.		26 18090 Collins Ave.		1/22/97	
22 Ste. 144		27 Ste. 144		4. FEI Number	
City & State		City & State		65-0721311	
23 North Miami Beach FL		28 North Miami Beach FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 33160		29 33160		30	
25		30		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lauren E. Lerner
11900 Biscayne Blvd. Ste. 760
Miami FL 33181

81 Name	Lauren L. Eskenazi
82 Street Address (PO Box Number is Not Acceptable)	18090 Collins Ave.
83 Ste.	144
84 City	North Miami Beach FL
85 Zip Code	33160

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

Lauren E. Lerner

(NOTE: Registered Agent signature required when resigning)

DATE

5/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P
NAME	Lauren E. Lerner	12 NAME	Lauren L. Eskenazi
STREET ADDRESS	11900 Biscayne Blvd. #760	13 STREET ADDRESS	18090 Collins Avenue. Ste 144
CITY ST ZIP	Miami FL 33181	14 CITY ST ZIP	N. Miami Beach, FL 33160
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	
NAME		52 NAME	000002551520
STREET ADDRESS		53 STREET ADDRESS	-06/08/98--01102--007
CITY ST ZIP		54 CITY ST ZIP	***300.00
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I 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.