

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90009 041 ***150.00

DOCUMENT # P98000010416

1. Corporation Name

LAURIES TRAILER REPAIR & GENERAL WELDING, INC.

Principal Place of Business

11200 NW SOUTH RIVER DR. BAY #3
MEDLEY FL 33166

Mailing Address

11200 NW SOUTH RIVER DR. BAY #3
MEDLEY FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

2. Principal Place of Business

21 **11350 N.W. SOUTH RIVER DR.**
Suite, Apt. #, etc.

2a. Mailing Address

11350 NW SOUTH RIVER DR. 65-0814033
Suite, Apt. #, etc.

4. FEI Number

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAURIES, PAULO
11200 NW SOUTH RIVER DR. BAY #3
MEDLEY FL 33166

10. Name and Address of New Registered Agent

81 Name **LAURIES, PABLO**
82 Street Address (P.O. Box Number is Not Acceptable)
11350 NW SOUTH RIVER DR.
83
84 City **MEDDLEY** **FL** 85 Zip Code
33166

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAURIES, PAULO	
STREET ADDRESS	1801 SW 93 CT.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYEA, MAYRA	
STREET ADDRESS	5505 NW 172 TERR.	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

Pg 8000010416
611639-90009-41

August 30, 1999

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
Annual Reports
P.O. Box 1500
Tallahassee, FL 32302-1500

RE.: Lauries Trailer Repair and General Welding, Inc.

Dear Ms. Harris,

I am writing to you today regarding your office's citation of Lauries Repair and General Welding, Inc. for failing to renew its corporation. Unfortunately, being new to the business—we have been open about a year—we failed to realize that the first notice for corporation renewal had never arrived at our offices. It wasn't until the second notice arrived—including the fine—that we found out we were in violation and had failed to renew the corporation on time. Given this circumstances, I am asking that the fine be reconsidered and that we be allowed to renew our corporation without any penalties, as the steep fine will put a strain on our operation at this point. I hope that you will take these unusual circumstances into account when evaluating our case. Attached is a check (#1324) for the amount of \$150, for the renewal of the corporation for 1999.

Thank you for your time and prompt attention to this matter.

Sincerely,



Paulo Lauries, President
Lauries Trailer Repair and General Welding, Inc.