

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
3000 B. M. M. M. M.
Tallahassee, Florida 32399-0001
Phone: (904) 493-0001

DOCUMENT # **S01910** (6)

1. Corporation Name

LAU INTERNATIONAL, INC.

2. Principal Office

**36 NE 1ST ST. ROOM 344
MIAMI FL 33132**

3. Mailing Address

**36 NE 1ST ST. ROOM 344
MIAMI FL 33132**

21. Filing Office of the State

21

26. Mailing Address

26

22. State of the State

22

27. State of the State

27

23. State of the State

23

28. State of the State

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24. State of the State

24

25

29. State of the State

29

30

9. Name and Address of Current Registered Agent

**LAU, TERRY
36 NE 1ST ST
ROOM 344
MIAMI FL 33132**

3. Date of Incorporation
09/25/1990

36. Date of Last Report
01/20/1994

4. Filing Number
65-0219275

Applied Law
☐ Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Contribution

**\$5.00 May Be
Added to Fees**

8. Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box Number is Not Acceptable

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is duly qualified to do business in the State of Florida, and that the undersigned is duly qualified to act as a registered agent for the corporation in the State of Florida.

SIGNATURE

12. Name

**DP
LAU, TERRY
36 NE 1ST ST #344
MIAMI FL**

13. Name

**DV
LAU, PETER
36 NE 1ST ST #344
MIAMI FL**

14. Name

**DV
LAU, DAVID
36 NE 1ST ST #344
MIAMI FL**

15. Name

16. Name

17. Name

18. Name

19. Name

20. Name

21. Name

22. Name

23. Name

24. Name

25. Name

26. Name

27. Name

28. Name

29. Name

30. Name

SIGNATURE: (X)

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(N) 5/1/95 305-537-0792

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APR 1996

1995 APR 15

TALLAHASSEE, FLORIDA

DOCUMENT # S02549

(1)

1. Filer's Name

CATHY E. BAIN, INC.

2. Filer's Address

1627-A SILVER SPRINGS BLVD
SUITE 201
OCALA FL 32670

3. Filer's Address

1627-A SILVER SPRINGS BLVD
SUITE 201
OCALA FL 32670

4. Filer's Address

3. Date of Report
09/19/1990

3a. Date of Last Report
05/01/1994

21. Filer's Address

21

26. Filer's Address

26

4. Filer's Address

59-3024667

Applied For

First Application

22. Filer's Address

22

27. Filer's Address

27

5. Filer's Address

\$8.75 Additional

Fee Required

23. Filer's Address

23

28. Filer's Address

28

6. Filer's Address

\$5.00 May Be

Added to Fees

24. Filer's Address

24

29. Filer's Address

29

8. Filer's Address

Handwritten

9. Name and Address of Current Registered Agent

LUCAS, STEVEN W
214 TIMBERCOVE CIR
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81. Name

82. Street Address

83. City

84. State

FL

85. Zip Code

11. Filer's Address

12. Filer's Address

PD
LUCAS, STEVEN
214 TIMBERCOVE
LONGWOOD FL

13. Filer's Address

ADDITIONAL OWNERS TO BE LISTED HERE (SEE INSTRUCTIONS)

NAME ADDRESS CITY STATE ZIP

NAME ADDRESS CITY STATE ZIP

NAME ADDRESS CITY STATE ZIP

NAME ADDRESS CITY STATE ZIP

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NAME ADDRESS CITY STATE ZIP

NAME ADDRESS CITY STATE ZIP

NAME ADDRESS CITY STATE ZIP

SIGNATURE:

Signature of Steven W Lucas

Signature of Steven W Lucas

4/30/95

1020802203

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northon
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03/22/1994

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **S03357** (8)

WLD RESTAURANTEURS, INC.

Principal Office Address: **1 EAST BROWARD BOULEVARD
SUITE 1101
FT. LAUDERDALE FL 33301**

Alternate Address: **1 EAST BROWARD BOULEVARD
SUITE 1101
FT. LAUDERDALE FL 33301**

1. FILING DATE: 03/22/1994

2. Filing Fee: **10/02/1990** 3a. Filing Fee Request: **03/22/1994**

4. Filing Number: **65-0220677** 5. Agreement For: **Not Applicable**

6. Certificate of Status: **Not Applicable** **\$8.75 Additional Fee Required**

7. Filing of Certificate of Incorporation: **Not Applicable** **\$5.00 May Be Added to Fees**

8. Filing of Certificate of Incorporation: **Not Applicable** **\$5.00 May Be Added to Fees**

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28. Filing of Certificate of Incorporation: **Not Applicable** **\$5.00 May Be Added to Fees**

29. Filing of Certificate of Incorporation: **Not Applicable** **\$5.00 May Be Added to Fees**

30. Filing of Certificate of Incorporation: **Not Applicable** **\$5.00 May Be Added to Fees**

MASER, JOEL D.
1 EAST BROWARD BOULEVARD
SUITE 1101
FT. LAUDERDALE FL 33301

81. Name: **FL** 85. Filing Fee: **\$5.00**

DPST
HORVITZ, WILLIAM D.
1 E.BROWARD BLVD.#1101
FT. LAUDERDALE FL
V
HORVITZ, DAVID W
1 E. BROWARD BLVD. #1101
FT. LAUDERDALE FL
V
LUKE, DOUGLAS S
1 E BROWARD BLVD #1101
FT LAUDERDALE FL 33301

13. ADDITIONAL COPIES OF CERTIFICATES AND OTHER DOCUMENTS:
1. NAME: **FL** 2. NAME: **FL** 3. NAME: **FL** 4. NAME: **FL** 5. NAME: **FL** 6. NAME: **FL** 7. NAME: **FL** 8. NAME: **FL** 9. NAME: **FL** 10. NAME: **FL** 11. NAME: **FL** 12. NAME: **FL** 13. NAME: **FL** 14. NAME: **FL** 15. NAME: **FL** 16. NAME: **FL** 17. NAME: **FL** 18. NAME: **FL** 19. NAME: **FL** 20. NAME: **FL** 21. NAME: **FL** 22. NAME: **FL** 23. NAME: **FL** 24. NAME: **FL** 25. NAME: **FL** 26. NAME: **FL** 27. NAME: **FL** 28. NAME: **FL** 29. NAME: **FL** 30. NAME: **FL**

SIGNATURE: **WILLIAM D. HORVITZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR FILER OR DIRECTOR
WILLIAM D. HORVITZ

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INCORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

DOCUMENT # S04027 (6)

1. Corporation Name
LAWREN LIMITED INVESTMENTS, INC.

2. Principal Office Address
117 S.E. 3RD AVENUE
MIAMI FL 33131

3. Mailed Address
117 S.E. 3RD AVENUE
MIAMI FL 33131

4. Filing Date
10/01/1990

5. Filing Fee
\$8.75 Additional Fee Required

6. Election Campaign Contribution
\$5.00 May Be Added to Fees

7. Other Information
No

9. Name and Address of Current Registered Agent
LEVINE, ROBERT J., ESQ.
1110 BRICKELL AVE., 7TH FL.,
MIAMI FL 33131

10. Name and Address of New Registered Agent
81
82
83
84

12. PD
DAVIS, KAREN
117 S.E. 3RD AVE.
MIAMI FL 33131

13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30.

14. Signature: KAREN DAVIS 3/3/95 305-372-0702

0120373 CP

