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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S11285 (1)**

1. Corporation Name
LAZAROU ENTERPRISES INC.



Principal Place of Business: **220 S. FEDERAL HWY. HALLANDALE FL 33009**
Mailing Address: **220 S. FEDERAL HWY. HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **11/05/1990**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0228539	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LAZAROU, PANAGIOTA K.
6730 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81. Name: **ELIZABETH MARIANO**
82. Street Address (P.O. Box Number is Not Acceptable): **313 SW 5TH ST**
83. City: **HALLANDALE FL**
84. Zip Code: **33009**

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: *Elizabeth Mariano* **ELIZABETH MARIANO SECRETARY 2/20/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: LAZAROU, PANAGIOTA K.	1.1 TITLE: PRESIDENT	NAME: LAZAROU, PANAGIOTA K.
STREET ADDRESS: 6760 KIMBERLY BLVD.	CITY-ST-ZIP: N. LAUDERDALE FL	1.2 STREET ADDRESS: 6730 KIMBERLY BLVD	1.3 CITY-ST-ZIP: N. LAUDERDALE, FL, 33068
TITLE: V	NAME: JAMAL OAZI	2.1 TITLE: VP	NAME: JAMAL OAZI
STREET ADDRESS: 2642 FILMORE ST	CITY-ST-ZIP: HOLLYWOOD FL	2.2 STREET ADDRESS: 7760 CORAL BLVD	2.3 CITY-ST-ZIP: MARGATE, FL, 33023
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.2 STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.2 STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.2 STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 STREET ADDRESS:	CITY-ST-ZIP:

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, or on an attachment with an address:

SIGNATURE: *Panagiota Lazarou* **PANAGIOTA LAZAROU 2/20/96 (954) 978-0200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)