FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:46

DOCUMENT # V66645 (5)

1. Corporation Name
LAZARUS CONSTRUCTION, INC.

Principal Place of Business
1575 SAN IGNACIO AVE #405
CORAL GABLES FL 33146

Mailing Address
1575 SAN IGNACIO AVE #405
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/25/1992
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business
21 2675 S Bayshore Drive
22 Suite # 201
23 Miami FL
24 Zip 33133 25 Country USA

2a. Mailing Address
26 PO Box 560157
27 Suite, Apt. #, etc.
28 City & State Miami FL
29 Zip 33256 30 Country USA

4. FEI Number: 65-0359786 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MULLINS, PAMELA
1575 SAN IGNACIO AVE #405
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2675 S Bayshore Drive
83 Suite 201
84 City Miami FL 85 Zip Code 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	LAZARUS, ARHTUR	1.2 NAME	
STREET ADDRESS	1575 SAN IGNACIO AVE #405	1.3 STREET ADDRESS	2675 S Bayshore Drive Suite #201
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami FL 33133
TITLE	OVST	2.1 TITLE	☒ Change ☐ Addition
NAME	FEDER, STUART	2.2 NAME	
STREET ADDRESS	1575 SAN IGNACIO AVE #405	2.3 STREET ADDRESS	2675 S. Bayshore Drive Suite #201
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Miami FL 33133
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	PAMELA MULLINS	3.2 NAME	
STREET ADDRESS	1575 SAN IGNACIO AVE #405	3.3 STREET ADDRESS	2675 S. Bayshore Drive Suite #201
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami FL 33133
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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: Pamela Mullins 1/13/95 305 232 9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0160126 DP