

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:03

DOCUMENT # **P94000031846 (6)**

1. Corporation Name
5019 LAUREL CORP.

Principal Place of Business
**3795 SW 108TH AVE.
MIAMI FL 33165**

Mailing Address
**3795 SW 108TH AVE.
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/25/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21. Suite, Apt. #, etc.

25. Suite, Apt. #, etc.

CS-0493944

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIDENER, JAMES P
3795 SW 108TH AVE.
MIAMI FL 33165**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 of appointment

DATE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **WEIDENER, JAMES P**
STREET ADDRESS **3795 SW 108TH AVE.**
CITY ST ZIP **MIAMI FL 33165**

11 TITLE
12 NAME **D P WEIDENER** Change Addition
13 STREET ADDRESS
14 CITY ST ZIP

TITLE **D**
NAME **WEIDENER, MARGARITA**
STREET ADDRESS **3795 SW 108TH AVE.**
CITY ST ZIP **MIAMI FL 33165**

21 TITLE
22 NAME **D S T WEIDENER** Change Addition
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **D**
NAME **ESPINOSA, ERNESTO E**
STREET ADDRESS **1727 SW 102ND PLACE**
CITY ST ZIP **MIAMI FL 33165**

31 TITLE
32 NAME **D V** Change Addition
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included 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 in and to the effect 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 in an attachment with an address.

SIGNATURE:

James P. Weidener
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES P. WEIDENER

1/18/95
(Date)

(305) 599-6381
(Telephone Number)