

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **490913** (1)
1. Corporation Name
LYSAN FORWARDING COMPANY



Principal Place of Business: **5220 NW 72ND AVE BAY-34 MIAMI FL 33166**
Mailing Address: **5220 NW 72ND AVE BAY-34 MIAMI FL 33166**

3. Date Incorporated or Qualified: **02/19/1976** 3a. Date of Last Report: **04/28/1995**
4. FLI Number: **59-1655504** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACDOUGALL, MARIA V.
5220 N.W. 72ND AVE., BAY-34
MIAMI FL 33166**

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 the State name)

(Date) Registered Agent Signature (Required when first filing)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDOUGALL, MARIA V.	1.2 NAME
STREET ADDRESS	19830 S.W. 101ST AVE	1.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP
TITLE	SD	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, CATALINA	2.2 NAME
STREET ADDRESS	19830 S.W. 101ST AVE.	2.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP
TITLE	VD	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDOUGALL, STEPHEN H.	3.2 NAME
STREET ADDRESS	19830 S.W. 101ST AVE.	3.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 if changed, or on an attachment with an address.

SIGNATURE: **MARIA V. MACDOUGALL, PRESIDENT**
Maria V. MacDougall, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96 (305) 592-6325
DATE TIME PHONE #

CR2E034 (12/95)