

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

FILED
Jul 31 1997 8:00am
Secretary of State

DOCUMENT # *N 11527*

1. Corporation Name

LAMBDA Dade, Inc.

Principal Place of Business

Mailing Address

*410 NE 22 ST
MIAMI, FL
33137-2118*

*410 NE 22 ST
MIAMI, FL
33137-2118*

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

City & State

29

Zip

30 Country

3. Date Incorporated or Qualified

10/10/85

3a. Date of Last Report

9/11/95

4. FEI Number

59-2617508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

*Kenn Marcus
451 NE 35 ST
MIAMI, FL 33137*

10. Name and Address of New Registered Agent

81 Name

ROBERT LASSITER

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

1500 Bay Rd Suite 868

83

MI

84 City

MIAMI BEACH

85

Zip Code

FL 33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

300002255173

-08/01/97--0105671029

****61.25*

12. OFFICERS AND DIRECTORS

TITLE	<i>PD</i>	☒ DELETE
NAME	<i>WARD EVERETT</i>	
STREET ADDRESS	<i>505 NE 30 ST # 604</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33138</i>	
TITLE	<i>VP</i>	☒ DELETE
NAME	<i>KING, PAT</i>	
STREET ADDRESS	<i>1095 NE 85 ST</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33138</i>	
TITLE	<i>SD</i>	☒ DELETE
NAME	<i>VAN BUREN, Ellen</i>	
STREET ADDRESS	<i>1620 NW 15 ST</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33125</i>	
TITLE	<i>DP</i>	☒ DELETE
NAME	<i>Richard Scott</i>	
STREET ADDRESS	<i>451 NE 35 ST # 201</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33137</i>	
TITLE	<i>VP</i>	☒ DELETE
NAME	<i>Nye Willden</i>	
STREET ADDRESS	<i>642 NE 72 ST</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33139</i>	
TITLE	<i>T/S D</i>	☒ DELETE
NAME	<i>Kenn Marcus</i>	
STREET ADDRESS	<i>451 NE 35 ST # 203</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33137</i>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>PD</i>	☒ Change ☐ Addition
1.2 NAME	<i>IRE DIAZ</i>	
1.3 STREET ADDRESS	<i>1620 NW 15 ST</i>	
1.4 CITY-ST-ZIP	<i>MIAMI, FL 33125</i>	
2.1 TITLE	<i>VP</i>	☒ Change ☐ Addition
2.2 NAME	<i>Roland Garcia</i>	
2.3 STREET ADDRESS	<i>555 NE 34 ST 1203</i>	
2.4 CITY-ST-ZIP	<i>MIAMI FL 33137</i>	
3.1 TITLE	<i>TD</i>	☒ Change ☐ Addition
3.2 NAME	<i>Hal Taylorson</i>	
3.3 STREET ADDRESS	<i>2981 Shipping Fore. Unit A</i>	
3.4 CITY-ST-ZIP	<i>Coco, FL 33133</i>	
4.1 TITLE	<i>ST</i>	☐ Change ☐ Addition
4.2 NAME	<i>Keith Damos</i>	
4.3 STREET ADDRESS	<i>719 NW 47 ST</i>	
4.4 CITY-ST-ZIP	<i>MIAMI FL 33127</i>	
5.1 TITLE	<i>CT</i>	☐ Change ☐ Addition
5.2 NAME	<i>JIM MICHAELS</i>	
5.3 STREET ADDRESS	<i>135 3RD ST 21</i>	
5.4 CITY-ST-ZIP	<i>MIAMI BEACH, FL 33139</i>	
6.1 TITLE	<i>CNYE WILDEN</i>	☐ Change ☐ Addition
6.2 NAME	<i>776 NE 72 ST</i>	
6.3 STREET ADDRESS	<i>MIAMI, FL 33138</i>	
6.4 CITY-ST-ZIP	<i>MIAMI, FL 33138</i>	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Earnest Lassiter

5/5/97 3056721946

CR2E037 (12/95)