

**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 # **P94000082184 (0)**

1. Corporation Name

**LEWIS & RESTANI, P.A.**



Principal Place of Business:

**7211 SOUTHWEST 62ND AVENUE STE. 200  
MIAMI FL 33143**

Mailing Address:

**7211 SOUTHWEST 62ND AVENUE STE. 200  
MIAMI FL 33143**

3. Date Incorporated or Qualified  
**11/07/1994**

3a. Date of Last Report  
**03/29/1995**

2. Principal Place of Business  
21 **7325 S.W. 63rd Ave.**

2a. Mailing Address  
26 **7325 SW 63RD Ave.**

4. FEI Number  
**65-0539803**

Applied For  
Not Applicable

22 **Suite 201**

27 **Suite 201**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 **Miami, Fla.**

28 **Miami, Fla.**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 **33143**

29 **33143**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, R. FRED ESQ.  
7325 S.W. 63RD AVE.  
SUITE 201  
MIAMI FL 33143**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 signing officer or director

(If "R" or "S" for Agent Signature required, check here)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1. TITLE	<b>P-D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, R F ESQ.</b>	12. NAME	<b>LEWIS, R.F.</b>
STREET ADDRESS	<b>7211 SOUTHWEST 62ND AVENUE STE. 200</b>	13. STREET ADDRESS	<b>7325 S.W. 63rd Ave</b>
CITY - ST - ZIP	<b>MIAMI FL 33143</b>	14. CITY - ST - ZIP	<b>Miami, Fla. 33143</b>
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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: **R. Fred Lewis** (R. Fred Lewis) as Pres **8/12/96** **305 662-9999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE) Daytime Phone #

CR2E034 (12/95)