

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V18193** (5)

1. Corporation Name
LIONSTONE GROUP, INC.



Principal Place of Business
**155 LINCOLN ROAD
MIAMI BEACH FL 33139**

Mailing Address
**155 LINCOLN ROAD
MIAMI BEACH FL 33139**

**INCORRECT No.
SEE ATTACHED**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LAZAR, BRUCE E.
THERREL BAIDEN & MEYER WEISS
1111 LINCOLN ROAD, SUITE 500
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified 03/01/1992	3a. Date of Last Report 03/17/1995
4. EI Number 05-0941871	59-1981657
Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

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: _____ DATE: _____
I, _____, Registered Agent Signature Required When Resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	LOWENSTEIN, ALFREDO	2. NAME	
3. STREET ADDRESS	155 LINCOLN RD	3. STREET ADDRESS	
4. CITY - ST - ZIP	MIAMI FL	4. CITY - ST - ZIP	
5. TITLE	S	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	CAMPBELL, ISABELLE	6. NAME	
7. STREET ADDRESS	155 LINCOLN RD	7. STREET ADDRESS	
8. CITY - ST - ZIP	MIAMI FL	8. CITY - ST - ZIP	
9. TITLE	VPD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	COONEY JOHN W	10. NAME	
11. STREET ADDRESS	169 LINCOLN ROAD E318	11. STREET ADDRESS	
12. CITY - ST - ZIP	MIAMI BEACH FL	12. CITY - ST - ZIP	
13. TITLE	SD	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	LAZAR BRUCE E	14. NAME	
15. STREET ADDRESS	1111 LINCOLN ROAD STE 500	15. STREET ADDRESS	
16. CITY - ST - ZIP	MIAMI BEACH FL	16. CITY - ST - ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY - ST - ZIP		20. CITY - ST - ZIP	
21. TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY - ST - ZIP		24. CITY - ST - ZIP	

14. I hereby certify that the information reported with this report 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 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 under oath, that I am a duly elected 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 any blank line with an address.

SIGNATURE: *Isabelle V. Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 1996 (305) 538-0811
DWS DWT/MS PR/MS

CR2E034 (12/95)