

**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

21 State Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**LAZAR, BRUCE E.  
THERREL BAISDEN & 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. F.I. Number **05-0941871** 59-1981657 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

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	LOWENSTEIN, ALFREDO	
12.3 STREET ADDRESS	155 LINCOLN RD	
12.4 CITY - ST - ZIP	MIAMI FL	
12.5	S	<input type="checkbox"/> DELETE
12.6 NAME	CAMPBELL, ISABELLE	
12.7 STREET ADDRESS	155 LINCOLN RD	
12.8 CITY - ST - ZIP	MIAMI FL	
12.9	VPD	<input type="checkbox"/> DELETE
12.10 NAME	COONEY JOHN W	
12.11 STREET ADDRESS	169 LINCOLN ROAD E318	
12.12 CITY - ST - ZIP	MIAMI BEACH FL	
12.13	SD	<input type="checkbox"/> DELETE
12.14 NAME	LAZAR BRUCE E	
12.15 STREET ADDRESS	1111 LINCOLN ROAD STE 500	
12.16 CITY - ST - ZIP	MIAMI BEACH FL	
12.17		<input type="checkbox"/> DELETE
12.18		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 any had named with an address.

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

January 18, 1996 (305) 538-0811

CR2E034 (12/95)