

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33139-2001

3. Date Incorporated or Qualified: 03/01/1992
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-questions for Suite, City, State, Zip, and Country.
4. FEI Number: 59-1981657
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

9. Name and Address of Current Registered Agent: LAZAR, BRUCE E. THERREL BAISDEN & MEYER WEISS, 1111 LINCOLN ROAD, SUITE 500, MIAMI BEACH FL 33139. ADDRESS CHANGE.
10. Name and Address of New Registered Agent (81-85): LAZAR & ASSOCIATES, 2901 COLLINS AVENUE, SUITE M, MIAMI BEACH, FL 33140.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	LOWENSTEIN, ALFREDO	1.1 TITLE:	
NAME:	155 LINCOLN RD	1.2 NAME:	
STREET ADDRESS:	MIAMI FL	1.3 STREET ADDRESS:	
CITY - ST - ZIP:		1.4 CITY - ST - ZIP:	
TITLE: S	CAMPBELL, ISABELLE	2.1 TITLE:	
NAME:	155 LINCOLN RD	2.2 NAME:	
STREET ADDRESS:	MIAMI FL	2.3 STREET ADDRESS:	
CITY - ST - ZIP:		2.4 CITY - ST - ZIP:	
TITLE: VPD	COONEY JOHN W	3.1 TITLE:	
NAME:	189 LINCOLN ROAD E318	3.2 NAME:	
STREET ADDRESS:	MIAMI BEACH FL	3.3 STREET ADDRESS:	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP:	
TITLE: SD	LAZAR BRUCE E	4.1 TITLE:	
NAME:	1111 LINCOLN ROAD STE 500	4.2 NAME:	
STREET ADDRESS:	MIAMI BEACH FL	4.3 STREET ADDRESS:	2901 Collins Ave., Suite M
CITY - ST - ZIP:		4.4 CITY - ST - ZIP:	Miami Beach, FL, 33140
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP:	
TITLE:		6.1 TITLE:	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Isabelle Campbell* Isabelle Campbell 1/16/97 305-538-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)