

FILED
Apr 27, 2004 8:00 am
Secretary of State


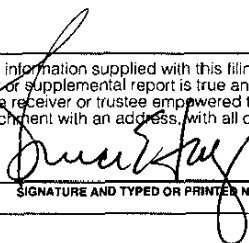
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2004 FOR PROFIT CORPORATION ANNUAL REPORT

44050143



01132004 Chg-P CR2E034 (10/03)

DOCUMENT # V18193					
1. Entity Name LIONSTONE GROUP, INC.					
Principal Place of Business 2901 COLLINS AVE MIAMI, FL 33140			Mailing Address PO BOX 19-1380 MIAMI BCH, FL 33119		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1981657	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33119-1380					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAZAR, BRUCE E. LAZAR & ASSOCIATES 2901 COLLINS AVE STE M MIAMI BCH, FL 33140			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWENSTEIN, ALFREDO		NAME		
STREET ADDRESS	455 LINGOLN RD		STREET ADDRESS	2901 Collins Avenue	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COONEY JOHN W		NAME		
STREET ADDRESS	169 LINGOLN ROAD E318		STREET ADDRESS	2901 Collins Avenue	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAZAR BRUCE E		NAME		
STREET ADDRESS	2901 COLLINS AVE STE M		STREET ADDRESS	33140	
CITY-ST-ZIP	MIAMI BCH, FL		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHIA, JUDITH		NAME		
STREET ADDRESS	169 LINGOLN RD		STREET ADDRESS	2901 Collins Avenue	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWENSTEIN, DIEGO		NAME		
STREET ADDRESS	2901 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33140		CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Bruce E. Lazar, VP		4/8/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				305 532-1215	