

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M61644 (4)
1. Corporation Name
LAW FIRM II, INC.



Principal Place of Business Mailing Address
% ANTONIO LOZANO 200 S BISCAYNE BLVD. 40TH FLOOR
MIAMI FL 33131-2398 % ANTONIO LOZANO
200 S BISCAYNE BLVD. 40TH FLOOR
MIAMI FL 33131-2398

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country
24 25 29 30

3. Date Incorporated or Qualified 10/29/1987 3a. Date of Last Report 02/02/1995
4. FEI Number 65-0029617 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. 199.03?, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOZANO, ANTONIO
200 S. BISCAYNE BLVD.
40TH FLOOR
MIAMI FL 33131-2398

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

Signature typed or printed in block of registered agent and time if applicable

(Date) Registered Agent signature required when relinquishing

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
BOTOS, MICHAEL E.
200 S. BISCAYNE BLVD. STE. 4000
MIAMI FL 33131-2398
AST
LOZANO, ANTONIO
200 S. BISCAYNE BLVD. 40TH FLOOR
MIAMI FL 33131-2398
V
BRAUN, RICHARD G.
200 S. BISCAYNE BLVD. STE. 4000
MIAMI FL 33131-2398
PD
EAGAN, THOMAS V.
200 S. BISCAYNE BLVD. STE. 4000
MIAMI FL 33131-2398
DV
MULLENS, JEFFREY I.
200 S. BISCAYNE BLVD. STE. 4000
MIAMI FL 33131-2398
S
PEREZ, JANET E.
200 S. BISCAYNE BLVD. STE. 4000
MIAMI FL 33131-2398

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director

8/5/96 (305) 577-2876