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FILED

May 02 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 # **294746** (3)  
1. Corporation Name  
**LYNX MODES, INC.**



Principal Place of Business Mailing Address  
**139 EAST FLAGLER ST** **139 EAST FLAGLER ST**  
**MIAMI FL 33131** **MIAMI FL 33131-1101**

3. Date Incorporated or Qualified **07/09/1965** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-1101125** Applied For  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired ☐ \$8.75 Additional  
23 Zip Country 28 Zip Country Trust Fund Contribution ☐ Fee Required

24 25 29 30 6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution ☐ 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

10. Name and Address of New Registered Agent

**BERENS, ISRAEL**  
**139 E FLAGLER ST**  
**MIAMI FL 33131**

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: (NOTE: Registered Agent's signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                  |
|----------------------------|-----------------------------|---|----------------------------------|
| TITLE                      | SD                          | 1.1 TITLE   | <b>PRESIDENT - Director</b>      |
| NAME                       | <b>BERENS, ISRAEL</b>       | 1.2 NAME  |                                  |
| STREET ADDRESS             | <b>9623 E BROADVIEW DR</b>  | 1.3 STREET ADDRESS                                    |                                  |
| CITY-ST-ZIP                | <b>BAY HARBOR ISLAND FL</b> | 1.4 CITY-ST-ZIP                                       |                                  |
| TITLE                      |                             | 2.1 TITLE   | <b>VD</b>                        |
| NAME                       |                             | 2.2 NAME  | <b>CIARA BERENS</b>              |
| STREET ADDRESS             |                             | 2.3 STREET ADDRESS                                    | <b>9623 E. BROADVIEW DR</b>      |
| CITY-ST-ZIP                |                             | 2.4 CITY-ST-ZIP                                       | <b>BAY HARBOR IS., FL. 33154</b> |
| TITLE                      |                             | 3.1 TITLE   | <b>TD</b>                        |
| NAME                       |                             | 3.2 NAME  | <b>ANNETTE BERENS</b>            |
| STREET ADDRESS             |                             | 3.3 STREET ADDRESS                                    | <b>9623 E. BROADVIEW DR.</b>     |
| CITY-ST-ZIP                |                             | 3.4 CITY-ST-ZIP                                       | <b>BAY HARBOR IS., FL. 33154</b> |
| TITLE                      |                             | 4.1 TITLE   |                                  |
| NAME                       |                             | 4.2 NAME  |                                  |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |                                  |
| CITY-ST-ZIP                |                             | 4.4 CITY-ST-ZIP                                       |                                  |
| 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 or changed, or on an attachment with an address.

SIGNATURE: *Isaiah...* 4-24-97 (305) 373-8504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)