

4-24-97 B-5355 C
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FILED
Apr 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 # 662087

(6)

1. Corporation Name
THE LAMB GROUP, INC.



Principal Place of Business

Mailing Address

~~337 PALERMO AVE~~
~~CORAL GABLES FL 33134~~
~~US~~

~~337 PALERMO AVENUE~~
~~ONE E FOURTH STREET~~
~~CORAL GABLES FL 33134-6607~~
~~US~~

3. Date Incorporated or Qualified
04/23/1980

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 1234 S. Dixie Hwy, #

26 328 Minorca Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 318

27 2nd Floor

City & State

City & State

23 Miami, FL

28 Coral Gables, Florida

Zip

Country

24 33146

25 USA

29 33134

30 USA

4. FEI Number

31-1086738

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIBLEY, MONTGOMERY B

~~337 PALERMO AVE~~
~~CORAL GABLES FL 33134~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

328 Minorca Ave

83

2nd Floor

84 City

Miami

FL

85 Zip Code

33134

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 name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating.)

DATE

M. Blair Sibley - M. Blair Sibley

4/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SIBLEY, MONTGOMERY BLAIR

STREET ADDRESS 337 PALERMO AVE.

CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P/D IT

Montgomery Blair Sibley

328 Minorca Ave, 2nd Floor

Miami, FL 33134

TITLE SD ☒ DELETE

NAME BOTERO, HECTOR

STREET ADDRESS 337 PALERMO AVE.

CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VP, S. D

Suehwa Sibley

328 Minorca Ave, 2nd Floor

Coral Gables, FL 33134

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 M. Blair Sibley - M. Blair Sibley

4/10/97 305-445-1111

CR2E034 (9/96)