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Jan 17 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 # **F96000004807 (1)**

1. Corporation Name
HENRY V. LIONE ENTERPRISES LTD. CORP.

Principal Place of Business	Mailing Address
2715 TIGERTAIL AVE., #205 COCONUT GROVE FL 33133	2715 TIGERTAIL AVE., #205 COCONUT GROVE FL 33133-5340

3. Date Incorporated or Qualified: 09/19/1996
3a. Date of Last Report:

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1927053 ☐ 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

LIONE, HENRY V
2715 TIGER TAIL AVE, SUITE 205
~~CORAL GABLES FL 33133~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: COCONUT GROVE FL 85 Zip Code: 33133

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: Henry V. Lione — HENRY V. LIONE, PRESIDENT — JANUARY 7, 1997
Signature, Typed or Printed Name of Registered Agent and Title of Officer (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LIONE, HENRY V		1.2 NAME		
STREET ADDRESS	2715 TIGER TAIL AVE, SUITE 205		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL GABLES FL 33133~~		1.4 CITY-ST-ZIP	COCONUT GROVE FLORIDA 33133	
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LIONE, MARGARET		2.2 NAME		
STREET ADDRESS	2715 TIGER TAIL AVE, SUITE 205		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL GABLES FL 33133~~		2.4 CITY-ST-ZIP	COCONUT GROVE FLORIDA 33133	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LIONE, DAVID S		3.2 NAME		
STREET ADDRESS	~~2715 TIGER TAIL AVE, SUITE 205~~		3.3 STREET ADDRESS	5233 HAMMOCK CIRCLE	
CITY-ST-ZIP	~~CORAL GABLES FL 33133~~		3.4 CITY-ST-ZIP	ST. CLOUD FLORIDA 34771	
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	LIONE, DEBRA		4.2 NAME	LIONE, DEBRA J.	
STREET ADDRESS	~~2715 TIGER TAIL AVE, SUITE 205~~		4.3 STREET ADDRESS	182 EAST MAGNOLIA AVENUE	
CITY-ST-ZIP	~~CORAL GABLES FL 33133~~		4.4 CITY-ST-ZIP	MAYWOOD NEW JERSEY 07607	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Henry V. Lione — HENRY V. LIONE, PRES. — 1/7/97 — 305-447-0084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #