FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K95841 (8)

1. Corporation Name
H.L.L., INC.

Principal Place of Business
C/O KENNETH F. CLAUSSEN
44 W. FLAGLER ST., 18TH FLOOR
MIAMI FL 33130

Mailing Address
C/O KENNETH F. CLAUSSEN
44 W. FLAGLER ST., 18TH FLOOR
MIAMI FL 33130

3. Date Incorporated or Qualified: 06/13/1989
3a. Date of Last Report: 03/28/1995
4. FEI Number: 65-0157224 — Applied For / Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21	c/o Kenneth F. Claussen	26	c/o Kenneth F. Claussen
22 Suite, Apt. #, etc.	701 Brickell Ave., 16	27 Suite, Apt. #, etc.	701 Brickell Ave., 16
23 City & State	Miami, FL 33131	28 City & State	Miami, Florida
24 Zip	33131	29 Zip	33131
25 Country	U.S.A.	30 Country	U.S.A.

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

CLAUSSEN, KENNETH F.
44 W. FLAGLER STREET
18TH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue
83 Suite 1600
84 City: Miami FL 85 Zip Code: 33131

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HERZ, STEFAN	
STREET ADDRESS	44 W.FLAGLER ST.,18TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	☐ DELETE
NAME	LEHRER, WILLY	
STREET ADDRESS	44 W FLAGLER ST 18TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	SUAREZ, JUAN M.	
STREET ADDRESS	44 W FLAGLER ST 18TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		XX Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	701 Brickell Ave., 16th FL	
1.4 CITY-ST-ZIP	Miami, Florida 33131	
2.1 TITLE		XX Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	701 Brickell Ave., 16th FL	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE		XX Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	701 Brickell Ave., 16th FL	
3.4 CITY-ST-ZIP	Miami, Florida 33131	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juan Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Secretary

8/7/96 Date
305-591-3174 Daytime Phone #