

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L72639

(2)

1. Corporation Name

L.W. AND SON ENTERPRISES, LTD., INC.

Principal Place of Business

Mailing Address

c/o Leonard Frishman
One Biscayne Tower 3750
2 S. Biscayne Blvd.
Miami, FL 33131

c/o Leonard Frishman
One Biscayne Tower 3750
2 S. Biscayne Blvd.
Miami, FL 33131

2. Principal Place of Business

2a. Mailing Address

21 2 S. Biscayne Blvd.

26 2 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 3750

27 Suite 3750

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

Country

Country

24 33131

25 USA

29 33131

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

5/10/90

2/21/95

4. FEI Number

Not Applicable

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

Frishman, Leonard
One Biscayne Tower, Ste 3750
Two S. Biscayne Blvd.
Miami, FL 33131

81 Name

Leonard Frishman

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

2 S. Biscayne Tower, Ste 3750

83

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.001 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 607.005, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

April 17, 1996

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Cleare, Livingstone, PD
One Biscayne Tower, Ste 3750
Two S. Biscayne Blvd.
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Cleare, Winston
One Biscayne Tower, Ste 3750
2 S. Biscayne Blvd.
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

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)(b), 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: Livingstone Cleare

Livingstone Cleare

4/17/96

305 871-8680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name

CR2E034 (12/95)