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 # **M63601** **(2)**

1. Corporation Name

LISMAR CORPORATION

Principal Place of Business	Mailing Address
C/O AMARILYS GUTIERREZ 1712-79 ST. CAUSEWAY NORTH BAY VILLAGE FL 33141 US	6854 W. FLAGLER ST MIAMI FL 33144 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 13227 N.W. 8 Terr.	26	12/14/1987	01/31/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 65-0017360	☐ Applied For ☐ Not Applicable
23 City & State: Miami FL.	28 City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
24 Zip: 33182 25 Country: USA	29 Zip 30 Country	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

GUTIERREZ, AMARILYS
1712 79 ST. CSWY.
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 13227 N.W. 8 Terr.

83

84 City: Miami **FL** 85 Zip Code: 33182.

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: X Amarilys Gutierrez (Signature of New Registered Agent) DATE: 2-1-96.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: D	☐ DELETE	1.1 TITLE: Secretary	☑ Change	☐ Addition
NAME: GUTIERREZ, AMARILYS		1.2 NAME: Amarilys Gutierrez		
STREET ADDRESS: 1712-79 ST. CSWY.		1.3 STREET ADDRESS: 13227 N.W. 8 Terr.		
CITY-ST-ZIP: NORTH BAY VILLAGE FL		1.4 CITY-ST-ZIP: Miami FL 33182		
TITLE	☐ DELETE	2.1 TITLE: President	☐ Change	☑ Addition
NAME		2.2 NAME: Rufo de J. Gutierrez		
STREET ADDRESS		2.3 STREET ADDRESS: 13227 N.W. 8 Terr.		
CITY-ST-ZIP		2.4 CITY-ST-ZIP: Miami FL. 33182		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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		

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: X Amarilys Gutierrez — 2-1-96 — 226-9323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)