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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000040266 (7)

LP GROUP, INC.

DOCUMENT #
1. Corporation Name

Principal Place of Business Mailing Address								1 100 I I I I I I I I I I I I I I I I I	i ac iii sii ii i		
19495 BISCAYNE BLVD SUITE 600 AVENTURA FL 33180 US				19495 BISCAYNE BLVD SUITE 600 AVENTURA FL 33180 US			Date Incorporated or Qualified	3a. Date	e of Last Re	eport	
							06/04/1993 05/10/1995			·	
2. Princip 21	Principal Place of Business			2a. Mailing Address 6 €				4. FEI Number 65-0416404			Applied For Not Applicable
Suite, Apt. #, etc. 22			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required
City & State			28	City & State			P - 1 P 174 - 11 21 45 - A 16 - No obsess	Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip 24	Country 25			Zip Country				8. This corporation has liability for i	ntengi ile ta No	ıx under s	199.032,
24 25 29 30 9. Name and Address of Current Registered Agent								10. Name and Address of New R		Agent	
					81	Π	Name				
BERNARDO BATIEVSKY					82	1	Street Addres	s (P.O. Box Number is Not Acceptab	le)		
19495 BISCAYNE BLVD					83	 	·	W. M.			
SUITE 600 Aventura FL 33180											
^*	LITTOTON I E 33	100			84	ľ	City		FL	85 Zg	p Code
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE											
Signature, typod or printed name of registered agent and the happingmen. (NOTE: Regist							gnature required w		DATE		
12. TITLE	D	OFFICERS /	AND DIREC	DELETE	13.			ADDITIONS/CHANGES TO OFF		DIRECTO Change	DRS IN 12 Addition
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STREET ADD	l				6.3 STREET						
14. I do l	· · · · · · · · · · · · · · · · · · ·	the information supplie	d with this	filing is voluntarily turnis	6.4 CITY - S shed and doe			the exemption stated in Section 119	17/31/k) FIA	rida Statut	oe I furthor

1. For hereby certify that the information supplied with this filling 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 of thy 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 10 if changed, or on an a tact) ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96 (305)933-9200

Daytime Phone

CR2E034 (12