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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000073408 (5)

LB INTERNATIONAL SALES CORP.

**FILED** Jan 28 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 6601 NW 14TH ST. 6601 NW 14TH ST. STE #7 PLANTATION FL 33313 PLANTATION FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0445166 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 ☐ Yes ☐ No Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. Street Address (P.O. Box Number is Not Acceptable) STE 105 TALLAHASSEE FL 32301 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition LIFTON, HARVEY NAME 1.2 NAME 782 UNIV ST. STREET ADDRESS 1 3 STREET ADDRESS N. WOODMERE NY 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE LIFTON, RICHARD MAME 2.2 NAME 7 SHORE RD 2.3 STREET ADDRESS STREET ADDRESS HAMPTON BAYS NY CITY - ST- ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE LIFTON, CAROL NAME 3.2 NAME 260 W. 52ND ST. STREET ADORESS 3.3 STREET ADDRESS NEW YORK CITY NY CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE LIFTON, LISA NAME 4.2 NAME 201 E 37TH ST. STREET ADDRESS 4.3 STREET ADDRESS NYC NY CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE \_\_ Change Addition 5.1 TITLE TITLE LIFTON, JOHNATHAN NAME 5.2 NAME 284 MOTT ST. STREET ADDRESS 5.3 STREET ADDRESS NEW YORK CITY NY 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS City - St - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

1-20-98