

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**  
95 JUL 24 AM 11:02

**DOCUMENT # P94000019375 (2)**

1. Corporation Name  
**L.H.L. & ASSOCIATES INC.**

Principal Place of Business: **521 W. DILDO DRIVE MIAMI BEACH FL 33139**  
Mailing Address: **521 W. DILDO DRIVE MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/11/1994</b>   | 3a. Date of Last Report                                |
| 4. FEI Number<br><b>65-0473552</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Has been Corporation previously Trust or Foreign Corporation?<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 9. This corporation has liability for intangible tax under s. 100.022, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |   |
|---|---|
| 2. Principal Place of Business                | 2a. Mailing Address                           |
| 21 <b>760 N.E 79th</b><br>Suite, Apt. #, etc. | 26 <b>760 N.E 79th</b><br>Suite, Apt. #, etc. |
| 22  | 27  |
| 23 <b>MIAMI, FLA</b><br>City & State          | 28 <b>MIAMI, FL</b><br>City & State           |
| 24 <b>33138</b> Country: <b>USA</b>           | 29 <b>33138</b> Country: <b>US</b>            |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>CORPORATE CREATIONS ENTERPRISES INC.<br/>4521 PGA BLVD., SUITE 211<br/>PALM BEACH GARDENS FL 33418</b> | 10. Name and Address of New Registered Agent          |
| B1 Name  | B2 Street Address (P.O. Box Number is Not Acceptable) |
| B3   | B4 City   |
|  | B5 Zip Code <b>FL</b>                                 |

11. Pursuant to the provisions of Sections 607.0507 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 \_\_\_\_\_ (Type or print name of person registered agent, and title if applicable) (Date) \_\_\_\_\_ (Type) \_\_\_\_\_ (Date)

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONAL OFFICERS AND DIRECTORS |   |
|----------------------------|-----------------------------|---------------------------------------|---|
| TITLE                      | <b>D</b>                    | 11 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEIBOWITZ, LARRY</b>     | 12 NAME                               |   |
| STREET ADDRESS             | <b>521 W. DILDO DRIVE</b>   | 13 STREET ADDRESS                     |   |
| CITY, ST, ZIP              | <b>MIAMI BEACH FL 33139</b> | 14 CITY, ST, ZIP                      |   |
| TITLE                      |                             | 21 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 22 NAME                               |   |
| STREET ADDRESS             |                             | 23 STREET ADDRESS                     |   |
| CITY, ST, ZIP              |                             | 24 CITY, ST, ZIP                      |   |
| TITLE                      |                             | 31 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 32 NAME                               |   |
| STREET ADDRESS             |                             | 33 STREET ADDRESS                     |   |
| CITY, ST, ZIP              |                             | 34 CITY, ST, ZIP                      |   |
| TITLE                      |                             | 41 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 42 NAME                               |   |
| STREET ADDRESS             |                             | 43 STREET ADDRESS                     |   |
| CITY, ST, ZIP              |                             | 44 CITY, ST, ZIP                      |   |
| TITLE                      |                             | 51 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 52 NAME                               |   |
| STREET ADDRESS             |                             | 53 STREET ADDRESS                     |   |
| CITY, ST, ZIP              |                             | 54 CITY, ST, ZIP                      |   |
| TITLE                      |                             | 61 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 62 NAME                               |   |
| STREET ADDRESS             |                             | 63 STREET ADDRESS                     |   |
| CITY, ST, ZIP              |                             | 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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: **LARRY LEIBOWITZ** 7/1/95 365 757 4323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Original Signature)

CR2E094 (3/95)