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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P94000048264 (3)**

1. Corporation Name

LS MANAGEMENT GROUP, INC.

Principal Place of Business
~~14270 BISCAYNE BLVD~~
~~SUITE 144~~
~~N. MIAMI BEACH FL 33181~~

Mailing Address
~~14270 BISCAYNE BLVD~~
~~SUITE 144~~
~~N. MIAMI BEACH FL 33181~~

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report:

4. FEI Number: 65-0502562 — 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

2. Principal Place of Business
21 1918 HARRISON STREET
Suite, Apt. #, etc.
22 SUITE 208
City & State
23 HOLLYWOOD, FLA
Zip 24 33020 Country 25 USA

2a. Mailing Address
26 1918 HARRISON STREET
Suite, Apt. #, etc.
27 SUITE 208
City & State
28 HOLLYWOOD, FLA
Zip 29 33020 Country 30 USA

9. **Name and Address of Current Registered Agent**

LEWIN, J A
~~14270 BISCAYNE BLVD,SUITE 144~~
~~SUITE 14 E~~
~~N. MIAMI BEACH FL 33181~~

10. **Name and Address of New Registered Agent**

81 Name: LEWIN, J.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1918 HARRISON STREET
83 SUITE 208
84 City: HOLLYWOOD FL 85 Zip Code: 33020

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] 4/26/96
Signature, typed or printed name of Registered Agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEWIN, J.A. A	
STREET ADDRESS	~~14270 BISCAYNE BLVD,SUITE 144~~	
CITY-ST-ZIP	~~N. MIAMI BEACH FL 33181~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	LEWIN, J.A.	
1.3 STREET ADDRESS	1918 HARRISON STREET, SUITE 208	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [signature] 4/26/96 (954) 927-1747
SIGNATURE AND TYPED OR ~~PRINTED NAME OF SIGNING~~ OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)