

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000082184 (0)**

1. Corporation Name

LEWIS & RESTANI, P.A.



Principal Place of Business

Mailing Address

**7211 SOUTHWEST 62ND AVENUE STE. 200
MIAMI FL 33143**

**7211 SOUTHWEST 62ND AVENUE STE. 200
MIAMI FL 33143**

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 7325 S.W. 63 Avenue

26 7325 S.W. 63 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33143

25 Dade

29 33143

30 Dade

4. FEI Number

65-0539803

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, R. FRED ESQ.
7325 S.W. 63RD AVE.
SUITE 201
MIAMI FL 33143**

81 Name

R. Fred Lewis, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

7325 S.W. 63 Avenue

83

Suite 201

84 City

Miami

FL

85 Zip Code

33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 the applicable

(NOTE: Registered Agent signature required when reinstating)

6/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D LEWIS, R F ESQ.**
STREET ADDRESS **7211 SOUTHWEST 62ND AVENUE STE. 200**
CITY - ST - ZIP **MIAMI FL 33143**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D Lewis, R. Fred, Esq.**
1.3 STREET ADDRESS **7325 S.W. 63 Avenue, Suite 201**
1.4 CITY - ST - ZIP **Miami, FL 33143**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96

662-9999

Display Block #

CR2E034 (3/96)