

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 # P94000094303 (2)

1. Corporation Name

L.A. LAYNE, CPA, P.A.



Principal Place of Business

Mailing Address

**1320 S DIXIE HWY
CORAL GABLES FL 33146**

**1320 S DIXIE HWY
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

21. Principal Place of Business
One S.E. 3rd Ave.

26. Mailing Address
One S.E. 3rd Ave.

4. FEI Number
65-0545950

Applied For
Not Applicable

22. Suite, Apt. #, etc.
10th Floor

27. Suite, Apt. #, etc.
10th Floor

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23. City or State
Miami, FL

28. City or State
Miami, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24. Zip
33131

Country

29. Zip
33131

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LAYNE, LISA A
1320 S DIXIE HWY
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)
One S.E. 3rd Avenue

83. **10th Floor**

84. City
Miami

FL

85. Zip
33131

1. 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 fee, if applicable)

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D LAYNE, LISA A**
STREET ADDRESS **1320 S DIXIE HWY**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **One S.E. 3rd Avenue, 10th Floor**
14 CITY-ST-ZIP **Miami, FL. 33131**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa A. Layne 8-5-96 (305) 377-4228

CR2E034 (3/96)