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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000027627 (5)**

1. Corporation Name

LYNANGEL CORP.

Principal Place of Business	Mailing Address
C/O LESLIE ALAN SCHERE. P.A. 201 S BISCAYNE BLVD SUITE 2300 MIAMI FL 33131-4329	C/O LESLIE ALAN SCHERE. P.A. 201 S BISCAYNE BLVD SUITE 2300 MIAMI FL 33131-4329

3. Date Incorporated or Qualified: **04/03/1995**

3a. Date of Last Report:

4. FEI Number: ☐ 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	2a. Mailing Address
21	26 1865 Brickell
Suite, Apt. #, etc. 22 Same	Suite, Apt. #, etc. 27 # A-207
City & State 23	City & State 28 Miami Fla
Zip 24 / Country 25	Zip 29 33129 / Country 30 USA

9. Name and Address of Current Registered Agent

LESLIE ALAN SCHERE, P.A.
201 S BISCAYNE BLVD
SUITE 2300 MIAMI CENTER
MIAMI FL 33131-4329

10. Name and Address of New Registered Agent

81 Name: Leslie Alan Schere
82 Street Address (P.O. Box Number is Not Acceptable): 1865 Brickell # A-207
83
84 City: Miami, Fla. 33129 — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Leslie Alan Schere (Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COHEN, LYNNIA 201 S BISCAYNE BLVD SUITE 2300 MIAMI FL 33131-4329 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Lynnia Cohen 1865 Brickell #A207 Miami, Fla 33129 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PATT, ANGELA 201 S BISCAYNE BLVD SUITE 2300 MIAMI FL 33131-4329 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Angela Patt 1865 Brickell #A-207 Miami Fla 33129 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	400001818634 -05/13/96--01049--019 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), 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] April 7, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

SG 5-1-96