

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000036365 (1)

1. Corporation Name

LAW OFFICE OF LESTER ROGERS, P.A.



Principal Place of Business

1401 NW 17 AVE
MIAMI FL 33125-2322

Mailing Address

1401 NW 17 AVE
MIAMI FL 33125-2322

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, LESTER
1401 NW 17 AVE
MIAMI FL 33125-2322

81 Name

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

83

84 City

FL

85 Zip Code

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 of Registered Agent (must be signed by the Registered Agent)

Signature of Registered Agent (must be signed by the Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PD

☐ DELETE

NAME

ROGERS, LESTER

STREET ADDRESS

1401 NW 17 AVE

CITY, ST, ZIP

MIAMI FL 33125-2322

2. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or employee appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Lester Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If true, the information is true and accurate and that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 607, Florida Statutes; and that my name is not qualified for the exemption stated in Section 119.07(3)(k), Florida Statutes.

2-22-96

305-324-5880

Date and Phone #