

2002 UNIFORM BUSINESS REPORT (UBR)

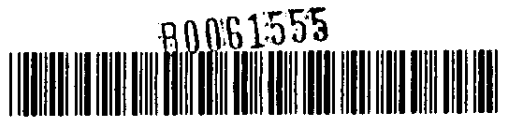
**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

02 0707 AV

DOCUMENT # **P95000071164**  
 1. Entity Name **CONEXION, INC**  
**L.A.H. ADVISORS, INC.** (name change Amendment was filed on Jan 16, 2002)

04-10-2002 90034 044 \*\*\*150.00

Principal Place of Business Mailing Address  
**260 CRANDON BLVD** **260 CRANDON BLVD**  
**SUITE 32-156** **SUITE 32-156**  
**KEY BISCAYNE FL 33149** **KEY BISCAYNE FL 33149**  
**US** **US**



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0634094** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HANABERGH, LAWRENCE**  
**200 OCEAN LANE DRIVE**  
**APT #1001**  
**KEY BSICAYNE FL 33149**

7. Name and Address of New Registered Agent  
 Name **Lawrence Hanaberg**  
 Street Address (P.O. Box Number is Not Acceptable) **3400 S.W. 27th Avenue**  
**Suite 804**  
 City **Miami** FL Zip Code **33133**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HANABERGH, LAWRENCE</b> <b>200 OCEAN LANE DRIVE APT 1001</b> <b>KEY BISCAYNE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LAWRENCE HANABERGH</b> <b>3400 S.W. 27th AVE - Suite 804</b> <b>Miami, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **April 4, 2002** DAYTIME PHONE #: **305-8569829**

CR2E034 (9/01)