

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000058327 (3)

1. Corporation Name
LYCEUM INTERNATIONAL, INC.

Principal Place of Business

C/O STEVEN B. LAPIDUS
1221 BRICKELL AVENUE #2100
MIAMI FL 33131

Mailing Address

C/O STEVEN B. LAPIDUS
1221 BRICKELL AVENUE #2100
MIAMI FL 33131-3260

3. Date Incorporated or Qualified
07/11/1996

3a. Date of Last Report

4. FEI Number

65-0690474

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
21 11245 S.W. 74th Court

2a. Mailing Address
26 11245 S.W. 74th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pinecrest, FL

City & State

28 Pinecrest, FL

Zip

24 33156

Country

25 USA

Zip

29 33156

Country

30 USA

9. Name and Address of Current Registered Agent

LAPIDUS, STEVEN B
1221 BRICKELL AVENUE #2100
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

(Type, typed or printed name of registered agent and title. If applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P, S, T,
LING, WINSTON
1.3 STREET ADDRESS 11245 S.W. 74th Court
1.4 CITY-ST-ZIP Miami, FL 33156

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 100002152461--5
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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winston Ling

APRIL 21, 1997 (305) 596-1211

Date

Daytime Phone #

0174125

CR2E034 (9/96)



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FILED

97 APR 23 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 340835 4303929

AUTHORIZATION : Patricia Pizant

COST LIMIT : \$ 165.00

ORDER DATE : April 23, 1997

ORDER TIME : 11:29 AM

ORDER NO. : 340835-020

CUSTOMER NO: 4303929

CUSTOMER: Ms. Jazmine Roman
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: LYCEUM INTERNATIONAL, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susana Romagosa

EXAMINER'S INITIALS:

RECEIVED
97 APR 23 PM 1:53
DIVISION OF CORPORATION

mwb
4-23-97