FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000061829 (3) LEGAL SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 2151 LE JEUNE RD. MEZZANINE 2151 LE JEUNE RD. MEZZANINE **CORAL GABLES FL 33134 CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/22/1996</u> 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Zip Country Country Personal Property Tax due June 30. Yeş 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WILSON, JE 2151 LE JEUNE RD, MEZZANINE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. TITLE 1.1 TITLE gusto F. Santisso Si Le Jeune Rd., Miczz WILSON, JE 1.2 NAME NAME 2151 LE JEUNE PO: MEZZANINE 1.3 STREET ADDRESS STREET ADDRESS COBAL GABLES FL 33134 com 1 6, Dec, F1: 33134 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

Sep 18 1997 8:00am Secretary of State

3a. Date of Last Report ✓ Applied For Not Applicable **\$8.75** Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ No Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97) Change Addition Change Acdition Change Addition

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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETÉ

8/16/12 (2-1) CAG-0506

☐ Change

Change

Addition

noilit bA