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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000103519 (0)

1. Corporation Name  
LEXIS INTERNATIONAL, INC.



Principal Place of Business

301 NORTH BIRCH ROAD  
SUITE 4S  
FORT LAUDERDALE FL 33304-4211

Mailing Address

301 NORTH BIRCH ROAD  
SUITE 4S  
FORT LAUDERDALE FL 33304-4211

2. Principal Place of Business

21 3191 CORAL WAY

22 SUITE 800

23 MIAMI, FL

24 33145

25 USA

2a. Mailing Address

26 3191 CORAL WAY

27 SUITE 800

28 MIAMI, FL

29 33145

30 USA

3. Date Incorporated or Qualified

12/26/1996

3a. Date of Last Report

4. FEI Number

65-0744599

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

9. Name and Address of Current Registered Agent

EMERY, MICHAEL R  
4875 NORTH FEDERAL HIGHWAY  
SEVENTH FLOOR  
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name STEVEN P. OPPENHEIM, ESQ.

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

83 TERRABANK BUILDING

84 3191 CORAL WAY, SUITE 800

MIAMI

FL

85 Zip Code 33145

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 this 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

*Steven P. Oppenheim*

STEVEN P. OPPENHEIM

4/23/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D PALMESE, JASON F  
STREET ADDRESS 301 NORTH BIRCH ROAD, SUITE 4S  
CITY-ST-ZIP FORT LAUDERDALE FL 33304-4211

TITLE ☐ DELETE

NAME PVST PALMESE, JASON F  
STREET ADDRESS 301 NORTH BIRCH ROAD, SUITE 4S  
CITY-ST-ZIP FORT LAUDERDALE FL 33304-4211

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

*Jason F. Palmese*

JASON F. PALMESE

4/23/97

305-443-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006186

CR2E034 (9/96)