

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

3191 CORAL WAY
STE 800
MIAMI FL 33145
US

Mailing Address

3191 CORAL WAY
STE 800
MIAMI FL 33145
US

FILED

98 OCT 16 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **5 Hendricks Isle**

Suite, Apt. #, etc.

22 **Ft. Lauderdale, FL**

24 **33301**

25 **US**

2a. Mailing Address

26 **c/o Person & Co**

Suite, Apt. #, etc.

27 **300 Madison Avenue**

City & State

28 **New York NY**

29 **10017**

30 **US**

3. Date Incorporated or Qualified

12/26/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILKES, JOHN P
150 N. FEDERAL HWY., SUITE 200
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name **Stanley Person**

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

5700 Escondido Blvd.

Suite 604

84 City

St. Petersburg

FL

85 Zip Code

33715

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)

DATE

6/2/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

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

TITLE **PVST** ☐ DELETE

NAME **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

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Palmese, Jason F**
1.3 STREET ADDRESS **5 Hendricks Isle**
1.4 CITY-ST-ZIP **Ft. Lauderdale FL 33301**

2.1 TITLE **PV** ☒ Change ☐ Addition

2.2 NAME **Palmese, Jason F.**
2.3 STREET ADDRESS **5 Hendricks Isle**
2.4 CITY-ST-ZIP **Ft. Lauderdale FL 33301**

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME **Vittoria Mazzanti**
3.3 STREET ADDRESS **5 Hendricks Isle**
3.4 CITY-ST-ZIP **Ft. Lauderdale FL 33301**

4.1 TITLE **T** ☐ Change ☒ Addition

4.2 NAME **Stanley Person**
4.3 STREET ADDRESS **5700 Escondido Blvd. Suite 604**
4.4 CITY-ST-ZIP **St. Petersburg FL 33715**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **500002669255**
5.3 STREET ADDRESS **-10/21/98-01051-0143**
5.4 CITY-ST-ZIP ******150.00 ****150.00**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **500002669255**
6.3 STREET ADDRESS **-10/21/98-01051-0153**
6.4 CITY-ST-ZIP ******150.00 ****150.00**

14. 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, and 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 Required**

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CR2E034 (5/98)