

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90200 033 \*\*\*150.00

**DOCUMENT # P97000090973**

1. Entity Name

**LANCER GROUP, INC.**

Principal Place of Business

10185 COLLINS AVE. APT 903  
BAL HARBOR FL 33154

Mailing Address

10185 COLLINS AVE. APT 903  
BAL HARBOR FL 33154-1632

2. Principal Place of Business

10101 Collins Avenue

3. Mailing Address

10101 Collins Avenue

Suite, Apt. #, etc.

#14

Suite, Apt. #, etc.

#14

City & State

Bal Harbor, FL

City & State

Bal Harbor, FL

Zip 33154

Country USA

Zip 33154

Country USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MIZRAHI, ESTRELLA  
10185 COLLINS AVE, APT 903  
BAL HARBOR FL 33154

7. Name and Address of New Registered Agent

Name Mizrahi Estrella

1809 N.W. 20TH ST.  
MIAMI, FL. 33142

9. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

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, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	MIZRAHI, ESTRELLA	
STREET ADDRESS	10185 COLLINS AVE, APT 903	
CITY-ST-ZIP	BAL HARBOR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10101 Collins Avenue #14	
CITY-ST-ZIP	Bal Harbor, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

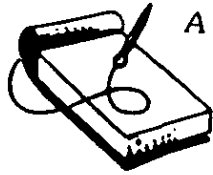
*E. Mizrahi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.10.00

Date

(305) 545-5480  
Daytime Phone #

CRP-F034 (9/99)



A note from

**BERNARD SARUSKI**

Attachment  
DH 99700090973

309274

Gentlemen:

Somehow these documents  
Have going around for  
months because the  
post office have lost it  
please see if  
everything can get  
filed

THANKS

Karver-  
GROUP

