

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S22152 (0)
1. Corporation Name
LANGHORNE BROTHERS, INC.



Principal Place of Business: **PO BOX 330159 COCONUT GROVE FL 33233 US**
Mailing Address: **PO BOX 330159 COCONUT GROVE FL 33233 US**

3. Date Incorporated or Qualified: **12/28/1990**
3a. Date of Last Report: **02/21/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|----|---|---------------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number 65-0233513 | Applied For |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | Zip | 8. | This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Country | 30 | Country | | | |

9. Name and Address of Current Registered Agent

**SACHER, CHARLES P.
2855 LEJEUNE ROAD
SUITE 1101
CORAL GABLES FL**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANGHORNE, JOHN JR. | 1.2 NAME | |
| STREET ADDRESS | 848 BRICKELL AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANGHORNE, EDMUND G. | 2.2 NAME | |
| STREET ADDRESS | 848 BRICKELL AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANGHORNE, RICHARD M. | 3.2 NAME | |
| STREET ADDRESS | 848 BRICKELL AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANGHORNE, ROSSITER W. | 4.2 NAME | |
| STREET ADDRESS | 848 BRICKELL AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Richard M. Langhorne* **RICHARD M. LANGHORNE** **1/23/96** **(305)536-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)