

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S26572** (5)
1. Corporation Name
LE LANCE INVESTMENTS INC.

Principal Place of Business

Mailing Address

9769 S. DIXIE HIGHWAY
#104
MIAMI FL 33156
US

10345 SW 91 ST.
MIAMI FL 33176
US



2. Principal Place of Business
21 ~~9769~~ **9769 S. Dixie Hwy**
Suite, Apt #, etc.
22 **Suite # 104**
City & State
23 **MIAMI, FLA.**
Zip
24 **33156** Country
25 ~~Florida~~
2a. Mailing Address
26 **10345 SW 91 ST.**
Suite, Apt #, etc.
27 **NONE.**
City & State
28 **MIAMI, FLA.**
Zip
29 **33176** Country
30 **USA.**

3. Date Incorporated or Qualified
01/22/1991
3a. Date of Last Report
07/24/1995
4. FEI Number
65-0213919
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

MATHEW, THOMAS
10345 SW 91ST ST
MIAMI FL 33176

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

Signature typed in printed name of registered agent and the appointor.

(NOTE: Registered Agent's signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	MATHEW, THOMAS	10345 SW 91ST ST	MIAMI FL	☐
DST	MATHEW, ALEYEMMA	10345 SW 91ST ST	MIAMI FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-05-96 (305) 787-8139

CR2E034 (3/96)