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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **\$75246**

(6)

JMENI # S/5246

LAZERLAND ENTERPRISES INC. Principal Place of Business Mailing Address 227 9TH STREET 227 9TH STREET 2ND FLOOR 2ND FLOOR MIAMI BEACH FL 33139-5805 MIAMI BEACH FL 33139 US 3. Date Incorporated or Qualified 3a. Date of Last Report 06/14/1996 08/22/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0281781 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 Florida Statutes 24 29 30 10. Name and Address of New Registered Agent p. Name and Address of Current Registered Agent 81 Name STEPHAN, WENDY BLAIR 49 NE 47 STREET **B2** Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33137 83 84 Zip Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELETE THILE 1.1 TITLE STEPHAN, MARK A. NAME 1.2 NAME 49 NE 47 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition ☐ Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP Change DELETE Addition 6.1 TITLE TITLE 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 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

SIGNATURE:

appears in Block 12 or B

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

or op an attachment with an address

1/29/97

(305)673-6570

Daytime Phone #

FILED

Feb 05 1997 8:00am

Secretary of State

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