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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V00702

1. Corporation Name  
LYDIA HARRISON AND ASSOCIATES, INC.

Principal Place of Business

~~344 MINORCA AVE  
100  
CORAL GABLES FL 33134  
US~~

Mailing Address

~~334 MINORCA AVE  
100  
CORAL GABLES FL 33134  
US~~

2. Principal Place of Business

21 2525 SW 3rd AVENUE  
Suite, Apt. #, Etc.

22 306

23 MIAMI FLORIDA

24 33129 25 DADE

2a. Mailing Address

26 SAME  
Suite, Apt. #, etc.

27

28

29 Zip Country

30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1991

4. FEI Number

65-0301441

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

HARRISON, LYDIA  
334 MINORCA AVE  
100  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name HARRISON LYDIA  
82 Street Address (P.O. Box Number is Not Acceptable)  
2525 SW 3rd AVENUE  
83 SUITE 306  
84 City MIAMI FL 85 Zip Code 33129

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HARRISON, LYDIA  
STREET ADDRESS 334 MINORCA AVE S 100  
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2525 SW 3rd AVENUE SUITE 306  
1.4 CITY-ST-ZIP MIAMI FLA 33129

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lydia Harrison  
12/17/1991

1/29/99

305-862-4449

Date

Daytime Phone #

CR2E034 (11/98)