

**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 # V12744 (1)

1. Corporation Name
LOMBARDI'S OF MIAMI, INC.



Principal Place of Business: **401 BISCAYNE BLVD. SUIT 125 MIAMI FL 33132 US**
Mailing Address: **211 N. RECORD STREET SUITE 325 DALLAS TX 75202**

3. Date Incorporated or Qualified: **02/10/1992** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **95-2425019 75-2425019** 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

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 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: _____ (NOTE: Registered Agent signature required when reconstituting.)

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **LOMBARDI, ALBERTO**
STREET ADDRESS: **211 N. RECORD ST., #325**
CITY-ST-ZIP: **DALLAS TX**
TITLE: **D** DELETE
NAME: **LOMBARDI, JANE**
STREET ADDRESS: **211 N. RECORD ST., #325**
CITY-ST-ZIP: **DALLAS TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:
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 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, 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 if changed, or in an attachment with an address.

SIGNATURE: *Alberto Lombardi* **ALBERTO LOMBARDI** 7/1/96 (210) 743-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 13)

CR2E034 (3/96)