

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V26203

(2)

1. Corporation Name

LISNOW & WEISS CO., INC.

Principal Place of Business

PO BOX 170055
MIAMI LAKES FL 33017

Mailing Address

PO BOX 170055
MIAMI LAKES FL 33017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/03/1992

3a. Date of Last Report

10/31/1994

4. FEI Number

11-2665677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under C. 193.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 6187 NW 167 STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

H-1

City & State

23 MIAMI LAKES, FL

City & State

28

Zip

24 33015

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SIEGEL, WILLIAM
7899 N.W. 79TH AVENUE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

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
NAME SANCHEZ, ROSS M
STREET ADDRESS PO BOX 450417
CITY-ST-ZIP SUNRISE FL 33345

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

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY-ST-ZIP

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY-ST-ZIP

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY-ST-ZIP

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY-ST-ZIP

6 1 TITLE

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 110.07(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 on an attachment with an address.

SIGNATURE: X Ross M Sanchez *Ross M Sanchez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-24-95 X 305-824-5000
Date Signature (Please Print)