FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V36282** **(4)**

1. Corporation Name
LYNNE SANDS, INC.

Principal Place of Business
3841 NORTHEAST 2ND AVENUE
STE 308
MIAMI FL 33137
US

Mailing Address
3841 NORTHEAST 2ND AVENUE
STE 308
MIAMI FL 33137
US

3. Date Incorporated or Qualified: 05/13/1992
3a. Date of Last Report: 07/25/1995

4. FEI Number: 65-0315749 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Electronic 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 1750 S. Treasure Dr.
Suite, Apt. #, etc.
22 #1
City & State
23 N. Bay Village FL
Zip 24 33141 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27 Same
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
SANDS, LYNNE
~~3841 NORTHEAST 2ND AVENUE~~
~~SUITE 201~~
~~MIAMI FL 33137~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1750 S. Treasure Dr #1
83
84 City N. Bay Village FL 85 Zip Code 33141

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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, Sections 607.0505, Florida Statutes.

SIGNATURE: (Signature of a member of the Board of Directors or Trustees) (Date) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SANDS, LYNNE	
STREET ADDRESS	1750 S. TREASURE DRIVE #1	
CITY, ST, ZIP	N. BAY VILLAGE FL	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in attached, if any addition.

SIGNATURE: LYNNE SANDS 3/30/96 305 868 4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)