95 MAY -1 AM 4:45

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

SECRETARY OF STATE TALLAHASSEE

APPROVED AND FILED

95 MAY -1 AM 4:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V38927 (2)

1. Corporate Name

LAKEVIEW ASSOCIATES, INC.

Principal Place of Business:
9100 S DADELAND BLVD
SUITE 1406
MIAMI FL 33156

Mailing Address:
9100 S DADELAND BLVD
SUITE 1406
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1992
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0368928 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREEMAN, PAUL H
9100 S DADELAND BLVD
SUITE 1406
MIAMI FL 33156

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

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FREEMAN, PAUL H
STREET ADDRESS	9100 S. DADELAND BLVD. 1406
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

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 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: [signature] 4/27/95 305-670-5999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul H Freeman, Secretary

0167600 CP