

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V56215** (9)

1. Corporation Name:
LAFPV-IV, INC.



Principal Place of Business

**100 S. BISCAYNE BLVD.
SUITE 700
MIAMI FL 33131
US**

Mailing Address

**100 S. BISCAYNE BLVD.
SUITE 700
MIAMI FL 33131
US**

3. Date Incorporated or Qualified
08/10/1992

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number
65-0365581

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, WILLIAM P JR.
7700 N. KENDALL DRIVE
SUITE 506
MIAMI FL 33156**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Print Name of Agent) (Print Name of Corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **P FRASER, LEWIS A** ☐ DELETE
2. STREET ADDRESS: **100 S BISCAYNE BLVD, STE 700**
3. CITY-STATE-ZIP: **MIAMI FL**
4. TITLE: **V** ☐ DELETE
5. NAME: **FRASER, LEWIS A II** ☐ DELETE
6. STREET ADDRESS: **100 S. BISCAYNE BLVD, STE 700**
7. CITY-STATE-ZIP: **MIAMI FL**
8. TITLE: ☐ DELETE
9. NAME: ☐ DELETE
10. STREET ADDRESS: ☐ DELETE
11. CITY-STATE-ZIP: ☐ DELETE
12. NAME: ☐ DELETE
13. STREET ADDRESS: ☐ DELETE
14. CITY-STATE-ZIP: ☐ DELETE
15. NAME: ☐ DELETE
16. STREET ADDRESS: ☐ DELETE
17. CITY-STATE-ZIP: ☐ DELETE

1. TITLE: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. STREET ADDRESS: ☐ Change ☐ Addition
4. CITY-STATE-ZIP: ☐ Change ☐ Addition
5. TITLE: ☐ Change ☐ Addition
6. NAME: ☐ Change ☐ Addition
7. STREET ADDRESS: ☐ Change ☐ Addition
8. CITY-STATE-ZIP: ☐ Change ☐ Addition
9. TITLE: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition
11. STREET ADDRESS: ☐ Change ☐ Addition
12. CITY-STATE-ZIP: ☐ Change ☐ Addition
13. TITLE: ☐ Change ☐ Addition
14. NAME: ☐ Change ☐ Addition
15. STREET ADDRESS: ☐ Change ☐ Addition
16. CITY-STATE-ZIP: ☐ 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 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 or person 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

LEWIS A. FRASER

2/7/96

305-377-2366

Daytime Phone

CR2E034 (12/95)