**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 # **V64766** **(1)**

1. Corporation Name

**LCB REAL ESTATE CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~801 BRICKELL AVE~~<br>~~SUITE 1100~~<br>~~MIAMI FL 33131~~ | ~~801 BRICKELL AVE~~<br>~~SUITE 1100~~<br>~~MIAMI FL 33101~~ |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 201 S. Biscayne Blvd | 26 201 S. Biscayne Blvd. |
| Suite, Apt. #, etc.<br>22 Suite 2500 | Suite, Apt. #, etc.<br>27 Suite 2500 |
| City & State<br>23 Miami FL | City & State<br>28 Miami FL |
| Zip<br>24 33131 | Country<br>25 USA | Zip<br>29 33131 | Country<br>30 USA |

3. Date Incorporated or Qualified: 09/10/1992

3a. Date of Last Report: 03/14/1995

4. FEI Number: 75-0342343 ☐ 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 or intangible tax under s. 199.032, Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDFARB, ROBERT I
801 BRICKELL AVE
SUITE 1100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd

83 Suite 2500

84 City: Miami FL 85 Zip Code: 33131

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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 1 TYPE | DT ☐ DELETE | 1.1 TYPE | ☐ Change ☐ Addition |
| NAME | AWAD, GEORGE | 1.2 NAME | |
| STREET ADDRESS | DORA STREET BANKING CENT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BEIRUT, LEBANON | 1.4 CITY-ST-ZIP | |
| 2 TYPE | P ☐ DELETE | 2.1 TYPE | ☐ Change ☐ Addition |
| NAME | JAOUDE, GEORGE Z. | 2.2 NAME | |
| STREET ADDRESS | 801 BRICKELL AVE #1100 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| 3 TYPE | V ☐ DELETE | 3.1 TYPE | ☐ Change ☐ Addition |
| NAME | SAADE, JOSEPH | 3.2 NAME | |
| STREET ADDRESS | 801 BRICKELL AVE #1100 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| 4 TYPE | S ☐ DELETE | 4.1 TYPE | ☐ Change ☐ Addition |
| NAME | ZOGHEIB, JOSEPH | 4.2 NAME | |
| STREET ADDRESS | 801 BRICKELL AVE #1100 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| 5 TYPE | ☐ DELETE | 5.1 TYPE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 6 TYPE | ☐ DELETE | 6.1 TYPE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I declare that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 added to the report with an address.

**SIGNATURE:** _____ 2-7-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.N. AQUAD

Date _____

CR2E034 (12/95)