

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 525130 (1)
1. Corporation Name
L.S.W., INC.

Principal Place of Business: 14795 N.E. 18TH AVE. NORTH MIAMI, FL. 33181
Mailing Address: 14795 N.E. 18TH AVE. NORTH MIAMI, FL. 33181

2. Principal Place of Business: 21 17094 COLLINS AVE. 22 Suite, Apt. #, etc. 23 MIAMI BEACH, FL. 24 33160 25 Country
2b. Mailing Address: 26 17094 COLLINS AVE. 27 Suite, Apt. #, etc. 28 MIAMI BEACH, FL. 29 33160 30 Country

3. Date Incorporated or Qualified: 02/03/1977
3a. Date of Last Report
4. FCI Number: 59-1752574 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
WILGSTEIN, LEON
17094 COLLINS AVENUE
VISTAVIEW APARTMENTS, BUILDING A
MIAMI BEACH, FL.

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	PP	<input type="checkbox"/> DELETE
NAME	WILGSTEIN, LEON	
STREET ADDRESS	17094 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL.	
TITLE	VPP	<input type="checkbox"/> DELETE
NAME	LESNIAK, ROMAN	
STREET ADDRESS	17094 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL.	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LESNIAK, ROMAN	
STREET ADDRESS	17094 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***165.00

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: *Leon Wilgstein* 3-14-97 (305) 945-1050

CR2E034 (9/96)