

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

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97 MAY 15 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 629447 (4)

1. Corporation Name  
L'EXCELLENCE SOUTHEASTERN, INC.

Principal Place of Business 11098 BISCAYNE BLVD., SUITE #402 N MIAMI FL 33161	Mailing Address 11098 BISCAYNE BLVD., SUITE #402 N MIAMI FL 33161-7489
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3. Date Incorporated or Qualified 07/11/1979	3a. Date of Last Report 07/17/1996
4. FEI Number 59-1978143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

BEDZOW, MICHAEL, ESQ.  
20803 BISCAYNE BLVD  
SUITE 200  
AVENTURO FL 33180

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDZOW, CHARLES	1.2 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	1.3 STREET ADDRESS	500002183555--3
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	-05/19/97--01141--016
TITLE	VSD	2.1 TITLE	****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDZOW, SARA	2.2 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, HOWARD	3.2 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, HOWARD	4.2 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, CAMILO	5.2 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD., SUITE 402	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: 3/6/97 DAYTIME PHONE: 305/891-7987

CR2E034 (9/96)