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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F99621

(7)

APPROVED AND

98 APR - 1 AM 9: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LEE VEN	TURES, INC.					
						I 18 BIKAR HID HANDA IRIIR ANIKO BIRAN LUNI AKAN BIRAN BIRAN AHAN AHAN BIRAN INKA
						
Principal Place of		Mailing Address				
2300 CORAL WA #200	iY	2300 CORAL WAY				
MIAMI FL 33145		#200 Miami Fl 33145	#200 MIAMI FL 33145			DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualified
						09/13/1982
2. Principal Place		2a. Mailing Address				4. FEI Number Applied For
21 2300 COI		26 2300 CORAL WAY				59-2477123 Not Applicable
Suite, Apt. #, e		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22 SUITE #	_200	27 SUITE # 200				Fee Required
City & State	T ODIDI	City & State				6. Election Campaign Financing \$5.00 May Be
23 MIAMI, 1	Country	28 MIAMI, FLORIDA Zip Country				Trust Fund Contribution L. Added to Fees
24 33145	25 US	33145		US		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr		[30]	7		Personal Property Tax due June 30. Li Yes Li No 10. Name and Address of New Registered Agent
	DA ANNUAL REPORT SER			81	Name	
	CORAL WAY	NOCO INO				
#200	OOINE WAT			82	Street A	Address (P.O. Box Number is New Asceptable) 7065— 5
	FL 33145			83		-04702736-01060-010
1710 4441						****150.00 ****150.00
			\	84	City	FL 65 Zip Code
11. Pursuant to the	he provisions of Socions 607.0	502 and 607.1508, Florida Statu	tes, the	e above	-named d	d corporation submits this statement for the purpose of changing its registered
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 worth in the Statute Statutes. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with a second accept the appointment as registered agent. I am familiar with a second accept the appointment as registered agent. I am familiar with a second accept the appointment as registered agent. I am familiar with a second accept the appointment as registered agent. I am familiar with a second accept the appointment as registered agent. I am familiar with a second accept the appointment as registered agent. I am familiar with a second accept the appointment as registered agent.						
SIGNATURE				AM	ADA (CANTERA LOPEZ - PRES. 9/17/98
Sign	nature, typed or printed name of registered r		I Hogis	lered Ager	il signature r	re required when reinstating) DATE
12.	OFFIGERS A	NO DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	LEE, MICHAEL	☐ DELETE	- 1	1 1/1(E	ł	Change Addition
	901 NW 17TH STORE #0			.2 NAME]
1	MIAMI FL			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MICHAILE	DELETE		4 CITY-ST	- ZIP	Change Addition
NAME		[ottale	- 1	.2 NAME	- 1	Containing Containing Containing
			ŀ		IDDDEEC	
STREET ADDRESS				3 STREET /		
CITY-ST-ZIP		DELETE		. 4 CHY-SI .1 Thee	1-2#	Change Addition
NAME				2 NAME	ļ	
STREET ADDRESS				3 STREET A	ADDRESS]
CITY-S1-ZIP				4. CITY-SI	- 1	
TITLE		DELETE		1 TITLE		Change Addition
NAME			4.	2 NAME	1	
STREET ADDRESS				3 STREET A	ADDRESS	
CITY-ST-ZIP				4 CITY - ST	- 1	
TITLE		DELETE		1 TITLE		Change Addition
NAME				2 NAME]	
STREET ADDRESS				3 STREET A	ADDRESS	
CITY-ST-ZIP				4 CITY - ST	1	
TITLE		DELETE		1 TITLE		Change Add-tion
NAME			6.	2 NAME	}	Dr
STREET ADDRESS			6.	3 STREET A	DORESS	4
CITY-ST-ZIP			6.	4 CITY - S1	- ZIP	

I 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 eath, 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: