

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K26359** (5)
1. Corporation Name
THE BESILU GROUP, INC.

Principal Place of Business 11901 SW 64TH STREET MIAMI FL 33183	Mailing Address 11901 SW 64TH STREET MIAMI FL 33183
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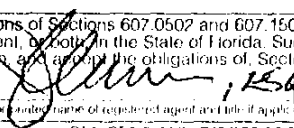


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1988	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0072498		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

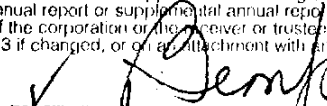
9. Name and Address of Current Registered Agent LEON, BENJAMIN JR. 11901 SW 64TH STREET MIAMI FL 33183		10. Name and Address of New Registered Agent 81 Name Jeffrey Lehrman Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 2699 S. Bayshore Drive 83 Suite 300D 84 City Coconut Grove FL 85 Zip Code 33133	
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11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, to 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  **JEFFREY E. LEHRMAN, ESQ.** 4/28/98
Signature, typed or printed name of registered agent and title, if applicable (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition		
NAME P LEON, BENJAMIN JR.	1.2 NAME		
STREET ADDRESS 11901 SW 64TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33183	1.4 CITY-ST-ZIP		
TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition		
NAME V LEON, BENJAMIN III	2.2 NAME		
STREET ADDRESS 11901 SW 64TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33183	2.4 CITY-ST-ZIP		
TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition		
NAME ST LEON, SILVIA	3.2 NAME		
STREET ADDRESS 11901 SW 64TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33183	3.4 CITY-ST-ZIP		
TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition		
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition		
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition		
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

14. 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 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: 

President 4/28/98 (305) 644-2532

CR2E034 (10/97)