

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 24 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000034846
1. Corporation Name
LECM INC.

Principal Place of Business Mailing Address
**13130 NW 7 AVE
MIAMI FL 33162**

2. Principal Place of Business 2a. Mailing Address
21 **13130 NW 7 AVE** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
MIAMI FL 28
Zip Country Zip Country
24 **33162** 25 **USA** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
MAY 3, 1995 **1996**
4. FEI Number Applied For
65-0577881 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

10. Name and Address of New Registered Agent
81 Name **LERINE EDOUARDZIN**
82 Street Address (P.O. Box Number is Not Acceptable)
13925 NE 6TH AVENUE #304
83
84 City **MIAMI** FL 85 Zip Code **33161**

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]* **LERINE EDOUARDZIN** **6-13,97**
Signature of the corporation's registered agent and the applicable (NOT: Registered Agent signature required when re-filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	LERINE EDOUARDZIN	
STREET ADDRESS	13925 NE 6TH AVE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE-PRESIDENT
2.3 STREET ADDRESS	CLAUDINE MONDELUS
2.4 CITY-ST-ZIP	13925 NE 6TH AVE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	500002225255--0
3.3 STREET ADDRESS	-06/27/97--01105--003
3.4 CITY-ST-ZIP	***165.00 ***165.00
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	

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. 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: *[Signature]* **LERINE EDOUARDZIN** **5-20-97** **305-685-5746**

CR2E034 (9/96)