

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V51205 (5)
 1. Corporation Name
LASA ENTERPRISES, INC.



Principal Place of Business	Mailing Address
11340 S.W. 145 AVE. MIAMI FL 33186	11340 S.W. 145 AVE. MIAMI FL 33186

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 9196 S.W. 128 Lane	26 10540 N.W. 26th.St.	07/15/1992	07/14/1995
Suite, Apt #, etc	Suite, Apt #, etc	4. FEI Number	Applied For / Not Applicable
22	27 Suite # 103	65-0348797	
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Miami, Fl.	28 Miami, Fl.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	29 33172	30 US
24 33176	25 US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SARAVIA, LEONEL 10540 NW 26th St STE 103 MIAMI FL 33172	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	9196 S.W. 128 Lane
	83
	84 City
	Miami
	85 Zip Code
	FL 33176

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 _____ (NOTE: Registered Agent Signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	SARAVIA, LEONEL	12 NAME	
STREET ADDRESS	11340 S.W. 145 AVE.	13 STREET ADDRESS	9196 S,W, 128 Lane
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VSTD	21 TITLE	
NAME	SARAVIA, LEONIE	22 NAME	
STREET ADDRESS	11340 S.W. 145 AVE.	23 STREET ADDRESS	9196 S.W. 128 Lane
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-10 96 305-5920394
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date: _____

CR2E034 (3/96)