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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DC

(5)

FILED Jan 21 1997 8:00am Secretary of State

OCUMENT #	M53610
B A CAREBBOIRE	INIA

L P S ENTERPRISE, INC.

Principa Plac	Mailing Address	*										
1 N.E. FIRST STREET SUITE 225 MIAMI FL 33132		1 N.E. FIRST STREET Suite 225 Miami Fl 33132-2480										
							3. Date Incorporated or Qualified					
2. Principal P	lace of Business	2a. Mailing Address					El Number	· · · ·		Aı	oplied For	
21		26					59-2835492			No	ot Applicable	
Suite, Apt #, etc. Suite, Apt #, 27			#, etc			5 . (5. Certificate of Status Desired				\$8.75 Additional Fee Required	
City & State City & State							Election Campaig	n Financing		\$5.00	May Be	
23		28					rust Fund Contri	bution		Added	to Fees	
Zip	Country	Z(p)	<u> </u>	untry			This corporation I	nas liability for			i. 199.032,	
24	25 9. Name and Address of C	29	30				lorida Statutes	<i>Y</i>		□ No		
SH	I, WOO SUK	urent negistered Agent		81	Name	10.	Name and Addr	PAS OT NOW NO	gisterea	Agent		
	E 1ST #225			"	IVEI IC							
	MI FL 33132			82	Street	Address (P.0	D. Box Number is	Not Acceptab	ıle)		***************************************	
MICH	MI FL 33132			83								
				0.3								
				84	City				FL	85 Zip	Code	
office or r	eg stered agent, or both, in the im familiar with, and appept the	7.0502 and 607.1508, Florida Sta State of Florida. Such change wa ool-galiens of, Section 607.0505,	s authoriz Florida St	ed by atutes	the corp i.	poration's bo	ard of directors.	ement for the p I hereby accer	urpose o It the app	f changing fi pointment as	ts registered registered	
	Stignature Type disk printed man elektrope s	s Fagen in Althe (Eapplican); (N SIAND DIRECTORS			nt signarole	required when re		050 50 0550	DATE			
12.	D OFFICER	S AND DIRECTORS DELETE	13	TITLE		AL	ODITIONS/CHAN	GES TO OFFIC	ERS ANI		Addition	
NAME	SUH, WOO SUK	L.J Uttil.				_				Change	_	
STREET ADDRESS	370 NW 11T AVENUE		1	NAME	ADDRESS	800	CLAU	BHTON .	ISLI	AND D	R#1201	
CITY ST ZIF	CORAL SPRINGS FL.					MiAn	us G	3313		. – .	,	
DILE	A 1.0	DELETE		CITY S TITLE	1 - 212	Jererie.	··· / <u> </u>	9913	<u>, </u>	Change	Addition	
NAME		house the same		NAME						rad Outride		
STREET ACORESS					ADDRESS							
CHY-ST-7IP				CITY-S								
TITLE		DELETE		HILE	ol - Fit					Change	Addition	
NAME				NAME								
STREET ADDRESS					ADDRESS							
City - S* - ZiP				CITY - S								
TITLE		DELETE		TITLE						Change	Addition	
NAME			4, 2	NAME							_	
STREET ACORESS			4.3	STREET	ADDRESS							
C Thi-ST-ZiP				CITY-5								
Title		☐ OELETE		IITLE			•	***************************************		Change	Addition	
NAMe			5.2	NAME							ı	
STREET ADDRESS			5.3	STREET	ADDRESS							
C(T) - S*- Z(P)				CITY-S								
Tr [†] LE		DELETE	~~~~	HILE	• • • • • • • • • • • • • • • • • • • •				-	Change	Addition	
NAME			6.2	NAME								
STREET ADMINISTR			6.3	STREET	ADDRESS							
C.Th. CT 710												

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 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 13.4 changed, or on an attachment with an address.