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

PROFIT CORPORATION ANNUAL REPORT

1997

LEXER CORP.



FLORIDA DEPARTMENT OF STATE

Sandra B. Moitham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16834

(6)

FILED Apr 28 1997 8:00am Secretary of State

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AA 19 A 14	135

Principal Place of Business			I.	Mailing Address				1						
11120 8 W 68 STREET SUITE 207 MIAMI FL 33176			8	11120 S W 68 STREET SUITE 207 MIAMI FL 33176-0941										
								3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996						
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number			Applied For		
21				26				65-0313973 Not Applicable \$8.75 Additional						
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certificate of Status Desired			Padditional Required		
City & State				City & State					Election Campaign Financing					
23				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution					
Zip	Country			Zip Country				B. This corporation has liability for intangible tax under s. 199.032,						
24		25	29	+	30	,		Florida Statutes Yes No						
								10.	Name and Address of New Re	gistered A	gent			
	ASA, ARMA					81	Name							
	20 6W 88 S	TRRET				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 207										· · · · · · · · · · · · · · · · · · ·				
MIAMI FL 33176				83										
						84	City			FL	85 Z	p Code		
44 Durayant	to the provice	one of Sections 607 Of	No and	607 1508 Florida Stati	utae tha a	boug	a-named cou	noration	submits this statement for the p	· · · · · · · · · · · · · · · · · · ·	changing	ite registered		
office or r	egistered ago	ent, or both, in the State	o of Flor	orida. Such change was	authorize	d by	the corpora	ation's b	oard of directors. I hereby accep	of the appo	intment	as registered		
	m t am iliar wit	n, and accept the oblig	ations	or, Section 607.0505, F	-iorida Sta	tutes	š.							
SIGNATURE	Stonalure, lyped	or printed name of registered ag	rent and to	s c if applicable (NC	DIE Regis ere	d Age	nt signature requ	red when	ro-nstating)	DATE				
12. OFFICERS AND DIRECTORS 13.							A	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12			
TITLE	P			DELETE 111							Chang	e 🔲 Addition		
NAME	ERMINY, ANTONIO			12 N		AME								
STREET ADDRESS				138		STREET ADDRESS								
CITY-ST-ZIP	MAMI FL						I - 71P				-			
TITLE				☐ DELETE 21 TI							Chang	e 📙 Addition		
NAME				22 NAME								1		
STREET ADDRESS	s						ADDRESS					ļ		
CITY-ST-ZIP TITLE				DELETE		4 C(TY - ST - 7)P					Chang	e 🔲 Addition		
NAME				occur	32 N		ŀ							
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP	-						ST - ZIP							
TITLE				☐ DELETE	41 TI						Chang	e Addition		
NAME					4 2 1	AME								
STREET ADDRESS					435	TREET	ADDRESS							
CITY-ST-ZIP					44C	11 Y - S	1-2(P							
TITLE	DELETE 511		ITLE					Chang	e 🔲 Addition					
NAME					5 2 N									
STREET ADDRESS					538	TREET	ADDRESS							
CITY-ST-ZIP				DC: 575			1 - ZIP				Chang	je 🔲 Addition		
TITLE				☐ DELETE	611					l	unang	IC LICITIODA [SI		
NAME					62 N									
STREET ADDRESS						6 3 STREET ADDRESS								
CITY-\$T-ZIP	l				640	TY-S	1 - 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 are the port of supplientental 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 occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block III if changed, or on an attachment with an address.

Amy 21/97