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Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 566468 (5)
1. Corporation Name
LENTERN INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 612 SW 34th St
590 SW. 34TH ST.
FT. LAUDERDALE FL 33315
US

Mailing Address
P.O. BOX 22886
FT. LAUDERDALE FL 33335-2886
US

3. Date Incorporated or Qualified
02/21/1978

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1796382	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation owes or has paid the current year Intangible	
24	29	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG.
100 CHOPIN PLZ.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	
NAME	DEAN, PHYLLIS MAGDALENE	1.2 NAME	
STREET ADDRESS	MAIN ROAD HAWKELL	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOCKLEY, ESSEX	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	DEAN, PHILLIP ARTHUR	2.2 NAME	
STREET ADDRESS	MAIN ROAD HAWKELL	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOCKLEY, ESSEX	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	DEAN, ARTHUR WILLIAM	3.2 NAME	
STREET ADDRESS	MAIN ROAD HAWKELL	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOCKLEY, ESSEX	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	LUPO, GERARD G	4.2 NAME	
STREET ADDRESS	590 SW 34TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	RICHARDS, ROSE	5.2 NAME	
STREET ADDRESS	590 SW 34TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 of an attachment with an address.

SIGNATURE:

Rose M Richards

March 19, 1998

CR2E034 (10/97)