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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 191668

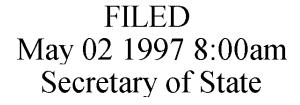
(3)

LEWELA,INC.

•

Principal Place of Business

Mailing Address





1955 S.W. 50 AVENUE FT LAUDERDALE FL 33317		1955 S.W. 50 AVENUE FT LAUDERDALE FL 33317-6122					
					3. Date Incorporated or Qualified 03/16/1956	3a. Date of Last 03/21/1996	Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	pplied For
21		26			59-6074863	<del>                                     </del>	lot Applicable
Suite Ant #Letc		Suite, Apt #, etc.				¢0.75	Additional
22 City & State		27			5. Certificate of Status Desired Fee Required		
23		City & State		Election Campaign Financing     Trust Fund Contribution	9 \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for in		
24	25 29 30		30	Florida Statutes Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCH	WAB, MICHAEL H			81 Name			
1955 S W 50 AVE FORT LAUDERDALE FL 33317				82 Street Ade	reet Address (P.O. Box Number is Not Acceptable)		
			-	83			
			-	84 City		<b>85</b> Zip	Code
44 0		00 1000 1000 57 11 0				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, typod or printed name of registered ag	ocul and tide ill applicable (NC	DIE Registered	Agent signature reg	ure() when reins(a)ing)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PID	DELETE	1.1 TII	LF		Change	☐ Addition
NAME	MOUATI IOIDOD		1.2 NA	MF		_ ,	
STREET ADDRESS	3400 S. OCEAN BLVD #3F		1.3 STREET ADDRESS				ļ
CITY-ST-ZIP	PALM BEACH FL		1.4 C/TY-ST-7/P				ŀ
TOLE	D DELETE		2.1 111			Change	Addition
NAME	SCHWAB, MICHAEL H	<b>—</b>	2 8 NAME			onango	
STREET ADDRESS	1955 S.W. 50 AVENUE		2.8 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33317		1				
TITLE	DELETE		3.1 1/1	[Y-S]-ZiP		Change	Addition
NAME			3.2 NA			Change	LJ /Mortion
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP							
TALE			4.1 10	Y-SI-ZIP		Change	Addition
NAME		C. Secret	4.2 NA			onengo	Fig. 7 statistics
STREET ADDRESS			. I	REET ADDRESS			
CITY-ST-ZIP			I	Y - \$T - ZIP			
TITLE		DELFTE	5.1 Till	····		Change	Addition
NAME			5.7 NA			L. Onwigo	
STREET ADDRESS			ľ	REET ADDRESS	•		
CITY-ST-ZIP TITLE		DELF1E	6.1 TIT	Y - S1 - ZIP		Change	Addition
		C PILLIL	1			LJ Chanys	LI VORIOR
NAME			6.2 NAI				
STREET ADDRESS				REET ADORESS			
CITY-ST-ZIP			6.4 CI1	Y - ST - 2IP			

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 trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged of on aparticular triple and address.

4.25 gr (95) 582 (5)