

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90071 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 379759

1. Corporation Name  
**LASA, INC.**

Principal Place of Business: 1680 S.W. 22ND STREET MIAMI FL 33145  
 Mailing Address: 1680 S.W. 22ND STREET MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21                             |  | 26                     |  | 04/01/1971  |  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 23 City & State                |  | 28 City & State        |  | 59-1382591  |  |
| 24 Zip                         |  | 29 Zip                 |  | 5. Certificate of Status Desired  |  |
| 25 Country                     |  | 30 Country             |  | Applied For   |  |
|                                |  |                        |  | Not Applicable  |  |
|                                |  |                        |  | 8.75 Additional Fee Required  |  |
|                                |  |                        |  | 6. Election Campaign Financing  |  |
|                                |  |                        |  | Trust Fund Contribution   |  |
|                                |  |                        |  | 5.00 May Be Added to Fees   |  |
|                                |  |                        |  | 8. This corporation owes the current year Intangible Personal Property Tax. |  |
|                                |  |                        |  | Yes No  |  |

|   |  |  |  |   |                     |    |             |
|---|--|--|--|---|---------------------|----|-------------|
| 9. Name and Address of Current Registered Agent           |  |  |  | 10. Name and Address of New Registered Agent          |                     |    |             |
| AIZENSTAT, LEIBA<br>6900 BAY ROAD<br>MIAMI BEACH FL 33141 |  |  |  | 81 Name   | EIBI AIZENSTAT      |    |             |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) | 1860 SW 22nd STREET |    |             |
|   |  |  |  | 83  |                     |    |             |
|   |  |  |  | 84 City   | MIAMI               | FL | 85 Zip Code |

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 reinstating) |   | DATE  |  |
| Signature, typed or printed name of registered agent and title if applicable |                  |  |   |   |  |
| 12. OFFICERS AND DIRECTORS   |                  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |
| TITLE  | P                | <input checked="" type="checkbox"/> DELETE                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | AIZENSTAT, LEIBA |  | 1.2 NAME  |   |  |
| STREET ADDRESS   | 1680 SW 22 ST.   |  | 1.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP  | MIAMI FL 33145   |  | 1.4 CITY-ST-ZIP                                       |   |  |
| TITLE  | STVP             | <input type="checkbox"/> DELETE                              | 2.1 TITLE   | PRESIDENT   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | AIZENSTAT, EIBI  |  | 2.2 NAME  | EIBI AIZENSTAT  |  |
| STREET ADDRESS   | 1860 SW 22 ST    |  | 2.3 STREET ADDRESS                                    | 1860 SW 22nd STREET   |  |
| CITY-ST-ZIP  | MIAMI FL         |  | 2.4 CITY-ST-ZIP                                       | MIAMI FL 33145  |  |
| TITLE  |                  | <input type="checkbox"/> DELETE                              | 3.1 TITLE   | VICE PRESIDENT  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                  |  | 3.2 NAME  | ANA AIZENSTAT   |  |
| STREET ADDRESS   |                  |  | 3.3 STREET ADDRESS                                    | 1860 SW 22nd STREET   |  |
| CITY-ST-ZIP  |                  |  | 3.4 CITY-ST-ZIP                                       | MIAMI, FL 33145   |  |
| TITLE  |                  | <input type="checkbox"/> DELETE                              | 4.1 TITLE   | SECRETARY   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                  |  | 4.2 NAME  | ISSAC AIZENSTAT   |  |
| STREET ADDRESS   |                  |  | 4.3 STREET ADDRESS                                    | 1860 SW 22nd STREET   |  |
| CITY-ST-ZIP  |                  |  | 4.4 CITY-ST-ZIP                                       | MIAMI, FL 33145   |  |
| TITLE  |                  | <input type="checkbox"/> DELETE                              | 5.1 TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                  |  | 5.2 NAME  |   |  |
| STREET ADDRESS   |                  |  | 5.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP  |                  |  | 5.4 CITY-ST-ZIP                                       |   |  |
| TITLE  |                  | <input type="checkbox"/> DELETE                              | 6.1 TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: 3/11/99 Daytime Phone #

CR2E034 (11/98)