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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **629447** (4)  
1. Corporation Name  
**L'EXCELLENCE SOUTHEASTERN, INC.**

Principal Place of Business: **11098 BISCAYNE BLVD., SUITE #402 N MIAMI FL 33161**  
Mailing Address: **11098 BISCAYNE BLVD., SUITE #402 N MIAMI FL 33161-7489**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/11/1979</b>	3a. Date of Last Report <b>07/17/1996</b>
21. Same Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1978143</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BEDZOW, MICHAEL, ESQ.</b> <b>20803 BISCAYNE BLVD</b> <b>SUITE 200</b> <b>AVENTURO FL 33180</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEDZOW, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>11098 BISCAYNE BLVD #402</b>	1.3 STREET ADDRESS	<b>500002183555--3</b>
CITY-ST-ZIP	<b>N. MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>-05/19/97--01141--016</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>****165.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEDZOW, SARA</b>	2.2 NAME	
STREET ADDRESS	<b>11098 BISCAYNE BLVD #402</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAPIRO, HOWARD</b>	3.2 NAME	
STREET ADDRESS	<b>11098 BISCAYNE BLVD #402</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ASD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAPIRO, HOWARD</b>	4.2 NAME	
STREET ADDRESS	<b>11098 BISCAYNE BLVD #402</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANCO, CAMILO</b>	5.2 NAME	
STREET ADDRESS	<b>11098 BISCAYNE BLVD., SUITE 402</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	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 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 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.

SIGNATURE: \_\_\_\_\_ DATE: **3/6/97** DAYTIME PHONE: **305/8917987**

CR2E034 (9/96)