

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **678158** (7)

1. Corporation Name
L.E.S. DISTRIBUTORS, INC.



Principal Place of Business C/O KARL L. ROESCH II 8888 NW 24 TERRACE MIAMI FL 33032 US	Mailing Address C/O KARL L. ROESCH II 8888 NW 24 TERRACE MIAMI FL 33172-2418 US
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3. Date Incorporated or Qualified 07/11/1980	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business 21 8810 NW 24 Ter Suite, Apt. #, etc.	2a. Mailing Address 26 8810 NW 24 Ter Suite, Apt. #, etc.	4. FEI Number 59-2019359	Applied For Not Applicable
22 City & State MIAMI FL	27 City & State MIAMI, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33032-2418	28 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33032-2418	25 Country USA	6. 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 ROESCH, KARL L II 8888 NW 24 TERRACE MIAMI FL 33175	10. Name and Address of New Registered Agent 81 Name ROESCH, KARL L. II 82 Street Address (P.O. Box Number is Not Acceptable) 8810 NW 24 Ter 83 84 City MIAMI FL 85 Zip Code 33172
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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 *Karl L. Roersch* **2-10-97**
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	PTD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8810 ROESCH, KARL L II	12 NAME	
STREET ADDRESS	8888 N.W. 24TH TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33032	14 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KACARAB, GREGORY	22 NAME	
STREET ADDRESS	5100 BITTERSWEET RD.	23 STREET ADDRESS	
CITY-ST-ZIP	GRANGER IN 46530	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Karl L. Roersch* **2-10-97 305-593-6131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)