


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 04 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 # **845363** (1)

1. Corporation Name
LEXEL ESTABLISHMENT, INC.

Principal Place of Business
**14801 QUORUM DRIVE., #585
DALLAS TX 75240**

Mailing Address
**14801 QUORUM DRIVE., #585
DALLAS TX 75240**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Agua Buenas Ave. 1017 Suite, Apt. #, etc. 22 Suite 2 City & State 23 Bayamon, PR Zip 24 00959		2a. Mailing Address 25 Agua Buenas Ave. 1017 Suite, Apt. #, etc. 27 Suite 2 City & State 28 Bayamon, PR Zip 29 00959		3. Date Incorporated or Qualified 02/27/1980		3a. Date of Last Report 10/21/1996	
				4. FEI Number 98-0052274		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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			

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *RAM ZEEVI, V.P.* DATE *7-22-97*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	Agua Buenas Ave. 1017		1.1 TITLE			
NAME	ZEEVI, GAD	Suite 2		1.2 NAME			
STREET ADDRESS	14801 QUORUM DR., #585	Bayamon, PR 00959		1.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75240			1.4 CITY-ST-ZIP			
TITLE	VST	Agua Buenas Ave. 1017		2.1 TITLE			
NAME	ZEEVI, RAM	Suite 2		2.2 NAME			
STREET ADDRESS	14801 QUORUM DR., #585	Bayamon, PR 00959		2.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX			2.4 CITY-ST-ZIP			
TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 person or persons 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: *RAM ZEEVI, V.P.* DATE: *7-22-97* *687269-0930*

CR2E034 (4/97)