

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

page 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1997  
 DRID DEPARTMENT OF STATE  
 Andrea B. Matham  
 Secretary of State  
 DIVISION OF CORPORATIONS

96-97 AR

FILED  
 97 JUN -9 PM 4: 03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F78516  
 1. Corporation Name

• LEJAY, INC.

Principal Place of Business Mailing Address  
**LEJAY, INC.**  
 16251 NW 54 Ave  
 Miami, FL 33014  
**LEJAY, INC.**  
 16251 NW 54 Ave  
 Miami, FL 33014

3. Date incorporated or Qualified 05/03/1982  
 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
 21 16251 N. W. 54th Ave. 26 Same

4. FEI Number 59-2199798  
 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State  
 23 Miami, Fl.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 33014 25 Country USA 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOVITZ, MURRAY  
 C/O LEJAY, INC.  
 16251 N. W. 54th Ave.  
 Miami, Fl. 33014

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	JACOVITZ, ELEANOR	
STREET ADDRESS	16251 N. W. 54th Ave.	
CITY-ST-ZIP	Miami, Fl. 33014	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JACOVITZ, MURRAY	
STREET ADDRESS	16251 N. W. 54th Ave.	
CITY-ST-ZIP	Miami, Fl. 33014	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JACOVITZ, ELEANOR	
STREET ADDRESS	16251 N. W. 54th Ave.	
CITY-ST-ZIP	Miami, Fl. 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	200002209232--2
1.3 STREET ADDRESS	-06/11/97--01106--010
1.4 CITY-ST-ZIP	****200.00 ****200.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	200002209232--2
2.3 STREET ADDRESS	-06/11/97--01106--011
2.4 CITY-ST-ZIP	****165.00 ****165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Murray Jacovitz

5/19/97 305-628-5644

Date Daytime Phone #

CR2E034 (9/96)

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**Lejay**  
inc.

April 25, 1997

Dear Sir:

Enclosed you will find our check for \$365. That amount represents the annual franchise fee for the years 1996 (\$200) and 1997 (\$165). Since the inception of our corporation we have always complied with the requirement of timely filing and paying our franchise fees, as soon as we received the annual forms from the Secretary of State. We changed our address in 1995, and notified your office at that time. However, as we subsequently realized, we did not receive a renewal form for the years 1996 or 1997. When we contacted your office on April 23, 1997 to request the forms to renew our corporation, we were told that in addition to the usual annual renewal fees, we would have a penalty imposed against us for late filing.

I object to having this fee imposed upon us. As mentioned previously, we have always attempted to comply timely with the requirements of your office. Your own records of our corporation had the wrong address listed when we called. Consequently, it is unlikely that any forms or notices that you might have sent to us would be received. We have enclosed, as mentioned above, the Annual Fee for the 1996 and 1997 years. We do respectfully request that you abate the penalty for late filing. There is reasonable cause for our lateness, namely the fact that our offices had moved. Despite notification to you of our new office address, we never received any forms, or notifications of delinquency.

Thank you for your consideration.

Sincerely,



Murrey Jacobovitz  
President