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Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F78516 (4)
1. Corporation Name
LEJAY, INC.

Principal Place of Business Mailing Address
16251 N.W. 54 AVENUE 16251 N.W. 54 AVENUE
MIAMI FL 33014 MIAMI FL 33014
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1982	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2199798		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent JACOVITZ, MURRAY C/O LEJAY, INC. 16251 N.W. 54 AVENUE MIAMI FL 33014				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 607.1508, 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 JACOVITZ, MURRAY - PRESIDENT DATE 2/16/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STP	1.1 TITLE	
NAME	JACOVITZ, ELEANOR	1.2 NAME	
STREET ADDRESS	16251 N.W. 54 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33014	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	PRESIDENT
NAME	JACOVITZ, MURRAY	2.2 NAME	JACOVITZ, MURRAY
STREET ADDRESS	16251 N.W. 54 AVENUE	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	MIAMI FL 33014	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	VICE PRESIDENT
NAME		3.2 NAME	LEVIN, JOHANN
STREET ADDRESS		3.3 STREET ADDRESS	16251 NW 54 AV
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE		4.1 TITLE	VICE PRESIDENT
NAME		4.2 NAME	LEVIN, STEPHEN
STREET ADDRESS		4.3 STREET ADDRESS	16251 NW 54 AV
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33014
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 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: MURRAY JACOVITZ DATE: 2/16/98 305 6285644

CRZE034 (10/97)