FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -7 AM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F84856 IF

1. Corporation Name
L.E.N. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
318A UTICA AVENUE BROOKLYN NY 11213	318A UTICA AVENUE BROOKLYN NY 11213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1982
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2202966 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 124-26 F QUEENS BLVD	26 124-26 F QUEENS BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 KEW GARDENS NY	City & State 28 KEW GARDENS NY
Zip 24 11415 / Country 25 QUEENS	Zip 29 11415 / Country 30 QUEENS

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LYNN, LOUIS E
19204 NE 25 AVE
STE 314
N MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

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 reinstating. DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	LYNN, NATALIE
STREET ADDRESS	19204 NE 25TH AVE, #314
CITY ST ZIP	N MIAMI BEACH FL
TITLE	D
NAME	LYNN, NATALIE
STREET ADDRESS	19204 NE 25TH AVE, #314
CITY ST ZIP	N MIAMI BEACH FL
TITLE	VD
NAME	LYNN, LOUIS EDWARD
STREET ADDRESS	19204 NE 25TH AVE, #314
CITY ST ZIP	N MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Louis E. Lynn — LOUIS E. LYNN / 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476390 FP