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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 12 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G01610

(6)

LERA CORPORATION

COY-ST-ZIP

SIGNATURE:

Principal Place	of Business	Mailing Address				-			
1400 POST OAK BLYD #900		1400 POST OAK BLVD #900							
HOUSTON TX		HOUSTON TX 77056-301							
						3. Date Incorporated or Qualified 09/28/1982		ite of Last R 28/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	-L		oplied For
21		26			76-0093015 Not Applicable				
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		City & Ctoto							equired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	7ip	Coi	intry		This corporation has liability for it		···	
24	25	29	30	,				No	. 100.002,
	9. Name and Address of Curren			T		10. Name and Address of New Re-			
MASCARA, ERNEST L				81	Name				
	2ND AVE S., STE 1202			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	PETERSBURG FL 33701								
				63					
				84	City			85 Zip	Code
				<u> </u>		progration submits this statement for the p	FL		
office or r agent. La	de the provisions of bechalls controlled egistered agent, or both, in the State of familiar with, and accept the exhiga	of Florida, Such change was	s authorize	id by	the corpor	ation's board of directors. I hereby accept	it the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered ago:	nt and tee if applicable {Ne	OTE: Registere	d Age	ent signature req	quired when reinstating)	DATE	.,	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	NS IN 12
†iTLE	PDS	DELETE	1.1 T	ITLE				Change	Addition
NAME	KATZ, M MARVIN		1.2 h	AME					
STREET ADDRESS	700 LOUISIANA ST #3600		1.3 S	TREET	ADDRESS				
City-S1-76	HOUSTON TX 77002				T-ZIP				
TITLE		☐ DELETE	217					Change	Addition
NAME			2.2 N						
STREET ADDRESS			238	TREET	ADDRESS	. **			
Chy-SI-ZiP		DESTIE			ST - ZIP			Change	Addition
III.E		DELETE	317					CT CHANGE	L. AQUIIION
NAME			32 N		ADODESS				
STREET ADDRESS					ADORESS				
COTY - ST - ZIP TITLE		☐ DELETE	4.1 7		ST-ZIP			Change	Addition
NAME		ottere		NAME				onungo	
STREET ADDRESS					ADDRESS				
					ST-ZIP				
CITY - ST - ZIP TITLE		DELETE	5.1 T			***************************************		Change	Addition
NAME			1	IAME				_	
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP					ST-ZIP				
TITLE	L	☐ DELETE		ITLE	-			Change	Addition
NAME			6.21	IAME					
STREET ADDRESS			6.3 9	STRÉET	ADDRESS				

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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR