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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT #	G49620	כ									
LEZCAN	O AND ASS	OCIATES, INC.										
Principal Place	e of Business		Mailing Address					A 1921/1/ DOWN EVEN	I IBII II BIIIF II		61911 81811 9181	01011 31311 1301
9240 SW 72ND	ST.		9240 SW 72ND ST	•								
SUITE 226		SUITE 226			1	DC	NOT WR	ITE IN TH	S SPACE			
MIAMI FL 33173 US	3		MIAMI FL 33173 US				3 Dat	e incorporated			O OF ACE	
00			00					/19/1983				
2. Principal P	lace of Business		2a. Mailing Addre	SS	_			Number			I A	pplied For
21			26				59-	-2314291				lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.			E Cer	tifcate of Status	Desired		·	Additional
22			27				3. 00,					Required
City & Stat	te	• • •	City & State	•		-		ction Campaign	-			May Be
23			28		Country			st Fund Contrib				I to Fees
Zip		Country	Zíp		Country		i i	s corporation ov		rent year I	ntangible □Yes	□No
24	25	Addross of Curro	29 29 nt Registered Agent	30				sonal Property me and Addres		Registere		
	y, Name and	Audiess of Culle	III Neglatered Ageric		81	Name	10			<u> </u>		
LEZO	CANO, GEORG	E										
	DOCKSIDE CIT				82	Street Ad	ddress (P.O. I	Box Number is I	Not Accept	able)		
FOR	T LAUDERDAL	E FL 33327			83					_		
									 		0.5 7ic	Code
												Code
!					84	City				F	L 85 Zip	
11. Pursuant	to the provisions	of Sections 607.05	02 and 607.1508, Florid	la Statutes, t	the obaya		orporation sul	omits this staten	nent for the	AUTOOGA A	of changing i	ts registered
office or r	registered agent	or both in the State	of Florida, Such chang	ie was autho	the above	-named co	orporation sub ration's board	omits this staten of directors. I he	nent for the ereby acce	AUTOOGA A	of changing i	ts registered registered
office or r agent. I a	registered agent	or both in the State	02 and 607.1508, Florid e of Florida. Such chang ations of, Section 607.0	ie was autho	the above	-named co	orporation sub ration's board	omits this staten of directors. I h	nent for the ereby acce	purpose of the app	of changing i	ts registered registered
office or r	registered agent, nm familiar with, a	or both, in the State and accept the obliga- inted name of registered age	e of Florida. Such chang ations of, Section 607.09 ant and title if applicable.	je was autho 505, Florida	the above orized by the Statutes.	-named co	quired when resusta	of directors. I hi	ereby acce	purpose opt the app	of changing i	egistered
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information sipplied 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 of 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 feetiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, short an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

TURE REQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR