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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

900001533869
-07/10/95--01081--001
***\$225.00 ***\$225.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # **J32574** (2)
1. Corporation Name
LES-KEN, INC.

Principal Place of Business Mailing Address
* FLORIDA REGISTERED AGENTS INC 100 SE 2 STR STE 3600 MIAMI FL 33131 US
* FLORIDA REGISTERED AGENTS INC 100 SE 2 STR STE 3600 MIAMI FL 33131 US

3. Date Incorporated or Qualified **09/10/1986** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2723625** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 **2601 S. Bayshore Dr.** 26 **2601 S. Bayshore Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 1600** 27 **Suite 1600**
City & State City & State
23 **Miami, Florida** 28 **Miami, Florida**
Zip Country Zip Country
24 **33133** 25 **U.S.** 29 **33133** 30 **U.S.**

9. Name and Address of Current Registered Agent
FLORIDA REGISTERED AGENTS INC
100 SE 2 STR STE 3600
MIAMI FL 33131
10. Name and Address of New Registered Agent
81 Name **A Z Registered Agent Corporation**
82 Street Address (P.O. Box Number is Not Acceptable) **2601 S. Bayshore Drive**
83 **Suite 1600**
84 City **Miami** 85 Zip Code **FL 33133**

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 a **REGISTERED AGENT CORPORATION**.

SIGNATURE **By: Justin T. Wilson**
Justin T. Wilson, Secretary (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERHING, ALBERT	1.2 NAME	
STREET ADDRESS	2140 WEST 68TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(4), 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: **Albert Gerhing** **5/6/95** **305-927-6296**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Two 7)