

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J32574** (2)

1. Corporation Name
LES-KEN, INC.



Principal Place of Business: **2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133 US**
Mailing Address: **2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133 US**

3. Date Incorporated or Qualified: **09/10/1986**
3a. Date of Last Report: **07/10/1995**
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 (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: **A Z REGISTERED AGENT CORPORATION, 2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133**
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 filer if applicable) (NOT E-Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input checked="" type="checkbox"/> DP	NAME: GERSING, ALBERT	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2140 WEST 68TH STREET	CITY-ST-ZIP: HIALEAH FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		2.2 NAME:	
CITY-ST-ZIP:		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	300001813073
CITY-ST-ZIP:		5.3 STREET ADDRESS:	-05/08/96--01044--001
		5.4 CITY-ST-ZIP:	***8200.00
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		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: *Albert Gersing* (Signature typed or printed name of signing officer or director) **Albert Gersing, President**
Date: **4/16/96** Daytime Phone #: **305-822-6230**

CR2E034 (12/95)