

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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L20097 (6)**

1. Corporation Name  
**LEJEUNE ON THE TRAIL, INC.**



Principal Place of Business <b>8555 FLAMINGO DR.                  MIAMI BEACH FL 33140</b>	Mailing Address <b>3555 FLAMINGO DR.                  MIAMI BEACH FL 33140-3922</b>
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2. Principal Place of Business <b>21 4230 SW 8<sup>th</sup> Street</b>	2a. Mailing Address <b>26 3737 SW 8<sup>th</sup> Street</b>	3. Date Incorporated or Qualified <b>10/03/1989</b>	3a. Date of Last Report <b>06/05/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 Suite # 300</b>	4. FEI Number <b>65-0147698</b>	Applied For Not Applicable
City & State <b>23 Miami, FL</b>	City & State <b>28 Coral Gables, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24 33134</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>29 33134</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FEINGOLD, LAURENCE                  10901 S.W. 65TH AVE.                  MIAMI FL 33158</b>		10. Name and Address of New Registered Agent <b>81 Name Mozes, Lee</b>	
		<b>82 Street Address (P.O. Box Number is Not Acceptable) 3737 SW 8<sup>th</sup> Street</b>	
		<b>83 Suite # 300</b>	
		<b>84 City Coral Gables</b>	<b>85 Zip Code FL 33134</b>

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 *Lee Mozes* **Lee Mozes** DATE **4/20/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOZES, SAMUEL</b>		1.2 NAME	
STREET ADDRESS <b>3737 SW 8TH ST, STE 300</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MOZES, LEE</b>		2.2 NAME	<b>S, T</b>
STREET ADDRESS <b>3737 SW 8TH ST, STE 300</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *Lee Mozes* **Lee Mozes** *4/20/97* **305 531 7056**

CF2E034 (9/96)