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Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M02411 (0)  
1. Corporation Name  
LEN ACQUISITION CORPORATION, INC.



Principal Place of Business  
760 NW 107TH AVENUE  
MIAMI FL 33172

Mailing Address  
760 NW 107TH AVENUE  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/03/1984	
21		26		4. FEI Number 59-2425526	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
30		31		32	

9. Name and Address of Current Registered Agent WATSKY, MORRIS J 700 NW 107 AVE MIAMI FL 33172		10. Name and Address of New Registered Agent	
81	Name	Rubin, Shelly VP. FINANCE	
82	Street Address (P.O. Box Number is Not Acceptable)	760 NW 107 AVE	
83			
84	City	FL	85 Zip Code 33172

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, 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 *Shelly Rubin* 3/30/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	1.2 NAME	
STREET ADDRESS	700 N.W. 107 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLOTIN, IRVING	2.2 NAME	Miller, Stuart A.
STREET ADDRESS	700 N.W. 107 AVE.	2.3 STREET ADDRESS	760 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33172
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, ROBERT B.	3.2 NAME	Rubin, Shelly
STREET ADDRESS	700 N.W. 107 AVE.	3.3 STREET ADDRESS	760 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33172
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DCEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEKOR, ALLAN J.	4.2 NAME	SAIONTZ, Steven J.
STREET ADDRESS	700 N.W. 107 AVE.	4.3 STREET ADDRESS	760 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL 33172
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSKY, MORRIS, J.	5.2 NAME	JORDAN, MARGARET
STREET ADDRESS	700 NW 107TH AVENUE	5.3 STREET ADDRESS	760 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami FL 33172
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTAELLA, GRACE	6.2 NAME	McMickle, J.T.
STREET ADDRESS	700 N.W. 107TH AVENUE	6.3 STREET ADDRESS	760 NW 107 AVE
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami FL 33172

14. I 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 *J.T. McMickle* 3/25/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

CR2E034 (10/97)