

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2: 29

DOCUMENT # M36744 (4)

1. Corporation Name
LE JEUNE ADVERTISING ASSOCIATES, INC.

Principal Place of Business Mailing Address
401 NW 38TH COURT 401 NW 38TH COURT
P. O. BOX 350940 P. O. BOX 350940
MIAMI FL 33135-0940 MIAMI FL 33135-0940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/13/1986	3a. Date of Last Report 02/22/1994
4. FEI Number 65-0016044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22 City & State		27 City & State	
24 Zip	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent

**HAVENICK, FRED
401 NW 38TH COURT
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	SDT
NAME	LEWIN, PAUL
STREET ADDRESS	401 N.W. 38TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	HECHT, FLORENCE
STREET ADDRESS	401 N.W. 38TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	DPE
NAME	HAVENICK, FRED
STREET ADDRESS	401 N.W. 38TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	HAVENICK, BARBARA
STREET ADDRESS	401 N.W. 38TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	DC
NAME	AMDUR, NEAL
STREET ADDRESS	401 N.E. 38TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	AMDUR, ISABELLE
STREET ADDRESS	401 N.W. 38TH COURT
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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)(c), 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: *Paul Lewin* *Paul Lewin* 01/25/95 (305) 649-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Print) (Type if two)