

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 # **M36744** (4)

1. Corporation Name
LE JEUNE ADVERTISING ASSOCIATES, INC.



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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 08/13/1986	3a. Date of Last Report 03/20/1995
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAVENICK, FRED 401 NW 38TH COURT MIAMI FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Fred Havenick* (Signature) / *Fred Havenick* (Typed Name) / DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SDT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIN, PAUL			1.2 NAME			
STREET ADDRESS	401 N.W. 38TH CT.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	HECHT, FLORENCE			2.2 NAME			
STREET ADDRESS	401 N.W. 38TH COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	DPE	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	HAVENICK, FRED			3.2 NAME			
STREET ADDRESS	401 N.W. 38TH COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	HAVENICK, BARBARA			4.2 NAME			
STREET ADDRESS	401 N.W. 38TH COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	DC	<input checked="" type="checkbox"/> DELETE		5.1 TITLE			
NAME	AMDUR, NEAL			5.2 NAME			
STREET ADDRESS	401 N.E. 38TH COURT			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE			
NAME	AMDUR, ISABELLE			6.2 NAME			
STREET ADDRESS	401 N.W. 38TH COURT			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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JR
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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 change or on a new appointment with an address.

SIGNATURE: *Fred Havenick* (Signature) / **2/19/96** (Date) / **305 649 3000** (Phone Number)

CR2E034 (12/95)