FILI	E NOW:	FILING FEE	AFT	ER MAY 1	IS \$2	25	.00						
CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra P. Mortha Secretary of State DIVISION OF CORPORATIONS									
DOCUI 1. Corporation	MENT #	M46411		(8)									
	LEE CORF	ORATION											
Principal Place of Business Mailing Address													
3380 N W 72nd Ave. 3380 N W 72nd Ave. Miami F1 33122 Miami F1 33122								3	. Date Incorporated or Qualified 02/11/1987		of Last (_
2. Principal Place of Business				2a. Mailing Address				4	FEI Number		7,01,	Applied For	\dashv
Suite, Apt. #, etc.				Cuito Ant II ata				59-2787414			Not Applicable)	
22 City & State				Suite, Apt. #, etc. City & State		A.F		Certificate of Status Desired			5 Additional Required		
23 Zip				Zip				<u> </u>	Election Campaign Financing Trust Fund Contribution		Adde	00 May Be ed to Fees	
24	25 9. Name and Address of Current				30	intry		8. This corporation has liability for intangible tax under selection of the selection of th			199.032,		
•••		a records of Centeric	negisi	lered Agent		81	Name	10	Name and Address of New R	egistered	Agent		
	Tang The					82	Street Adds	ose (P	.O. Box Number is Not Acceptab	lo\			_
	N W 72n						Officer ridge	033 (1	.o. cox rearriber is not Acceptab				
MITEMIL	i F1 331	22				83							7
,						84	City			FL		p Code	
11. Pursoant to or registere	o the provisions	of Sections 607,0502 a	nd 607	7.1508, Florida Statute	es, the abo	ve-n	amed corpora	ation s	submits this statement for the pur irectors. I hereby accept the appo		nging its	registered office	e
Tour Trice Til	h, and accept th	ne obligations of, Section	n 607.0	505, Florida Statutes		orpe	JIANUH S DUAI	u qi u	rectors. I hereby accept the appo	ointment as	registered	d agent. I am	
SIGNATURE	Signature, typed or pr	inted name of registered agent as	o tã e d ap	C/A) skitsplede	Tt: Registered	Agent	Signature required	whenr	einstating)	DATE			
12.	OFFICERS AND I			DIRECTORS 13					ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12	32E034 (12/95)
NAME	V1432			☐ DELETE 1.11] Cnange	Addition	15
STREET ADDRESS		W 72ND AVE	•	•			ADDRESS						8
CITY-ST-ZIP	MIAMI	FL			1.4 CI	1Y-S1	~ ZIP						띯
NAME				DELETE	2 1 1					Ĺ] Change	☐ Addition	70
STREET ADDRESS					22 N/		NDD666						
CITY-SI-ZIP							2 3 STREET ADDRESS 2 4 City - St - Zip						
TITLE							3 1 TITLE] Change	Addition	7
NAME STREET ADDRESS					3.2 NA	-							
CITY-ST-ZIP					3.4 CI		ADDRESS - ZiP						
TITLE				DELETE	4, 1 Ti						Change	Addition	-
NAME STREET ADDRESS					4.2 NA								
CITY-ST-ZIP					4.3 51		ADDRESS - 7/P						
TITLE				DELETE	5 1 1			-] Change	Addition	+
NAME CTOTAL ADDRESS					5.2 NA				50000184 -06/04/96010	1930	25		
STREET ADDRESS CITY-ST-ZIP							DORESS						
TITLE				DELFTE	5 4 CI		- 215			011	1 Change	Addition	$\frac{1}{2}$
NAME					62 NA	ME			121	010	, 5-		
STREET ADDRESS							DDRESS		****225.UU	-			
CITY-ST-ZIP 14. I do hereby	certify that the	information supplied wit	h this fi	ling is voluntarily furnis	6.4 011 shed and o	Y-\$1-	zip not qualify fo	r the e	exemption stated in Section 119 r	17(3)/k) Flor	da Statut	es I further	_
certify that to eath; that is appears in t	tne intormation i am an officer or Block 12 or Blo	ndicated on this annual director of the corporat ck 13 if changed, or on	report ion or f an atta	or supplemental annu the receiver or trustee chment with an addre	ial report is empower iss.	true ed to	and accurate execute this	e and repor	exemption stated in Section 119.0 that my signature shall have the s t as required by Chapter 607, Flo	i (c)(iy, r içi	ou orange	GG. I IUI II KA	
SIGNATI		CALL THE OR P	Vm	Van, 1	Tang 1				5 15 9	6	dinie Phone	· · · · · · · · · · · · · · · · · · ·	