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Mar 11, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000055955

1. Corporation Name  
L AND E UNITED, INC.



Principal Place of Business

Mailing Address

~~19601 E COUNTRY CLUB DR  
SUITE 504  
AVENTURA FL 33180  
US~~

~~19601 E COUNTRY CLUB DR  
SUITE 507  
AVENTURA FL 33180  
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1993

4. FEI Number

65-0436079

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 9601 COLLINS AVE.

Suite, Apt. #, etc.

22 Apt. 406

23 City & State

BAL HARBOUR, FL

24 Zip

33154

25 Country

U.S.A.

2a. Mailing Address

26 9601 COLLINS AVE.

Suite, Apt. #, etc.

27 Apt. 406

28 City & State

BAL HARBOUR, FL

29 Zip

33154

30 Country

U.S.A.

9. Name and Address of Current Registered Agent

~~WASERSTEIN RICHARD  
913 NORMANDY DR  
MIAMI BEACH FL 33141~~

10. Name and Address of New Registered Agent

81 Name

LUIS WIGODA

82 Street Address (P.O. Box Number is Not Acceptable)

9601 COLLINS AVE.

83

Apt. 406

84 City

BAL HARBOUR

FL

85 Zip Code

33154

11. Pursuant to the provisions of Sections 607.0802 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 607.0805, Florida Statutes.

SIGNATURE

Signature, typed, printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/99

12. OFFICERS AND DIRECTORS

TITLE DP  DELETE

NAME WIGODA, EDITH  
STREET ADDRESS 19601 E COUNTRY CLUB DR  
CITY-ST-ZIP AVENTURA FL 33180

TITLE VST  DELETE

NAME WIGODA, EDITH  
STREET ADDRESS 19601 E COUNTRY CLUB DR  
CITY-ST-ZIP AVENTURA FL 33180

TITLE VST  DELETE

NAME WIGODA, EDITH  
STREET ADDRESS 9601 COLLIER AVE APT 406  
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME PSB  
WIGODA, EDITH  
1.3 STREET ADDRESS 9601 COLLINS AVE, Apt. 406  
1.4 CITY-ST-ZIP BAL HARBOUR, FL 33154

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/99 305-8687444

CR2E034 (11/98)