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FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000070155 (5)

1. Corporation Name  
LERAQ PROPERTIES INC.



Principal Place of Business  
C/O NORTMAN AND BLOOM  
1101 BRICKELL AVENUE STE. 1400  
MIAMI FL 33131

Mailing Address  
LOEB, BLOCK AND WACKSMAN  
505 PARK AVE. 9TH FLOOR  
NEW YORK NY 10022-1108

3. Date Incorporated or Qualified  
10/08/1993

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0452779

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOM, LEONARD  
1101 BRICKELL AVENUE  
STE. 1400  
MIAMI FL 33131

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

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 DP  
NAME PAPU, LEON  
STREET ADDRESS 1039 KANE CONCOURSE  
CITY- ST- ZIP BAY HARBOR FL

DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

Change Addition

TITLE DS  
NAME OJALVO, DORITA  
STREET ADDRESS 1039 KANE CONCOURSE  
CITY- ST- ZIP BAY HARBOR FL

DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

Change Addition

TITLE AS  
NAME SELZER, HERBERT M.  
STREET ADDRESS 505 PARK AVE  
CITY- ST- ZIP NEW YORK NY

DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

Change Addition

14. I do 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:

DORITA OJALVO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97 954-917-0606  
Date Daytime Phone #

CR2E034 (9/96)