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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000076241 (7)

1. Corporation Name  
LESGA CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145		Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145	
2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 SUITE # 200 City & State 23 MIAMI, FLORIDA Zip 24 33145 Country 25 US		2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 SUITE # 200 City & State 28 MIAMI, FLORIDA Zip 29 33145 Country 30 US	
3. Date Incorporated or Qualified 10/28/1993		4. FEI Number 65-0443735	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY SUITE 200 MIAMI FL 33145	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		10. Name and Address of New Registered Agent	
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: AMADA CANTERA LOPEZ - PRES. 4-26-98 Signature, typed or printed name of registered agent and title (if applicable) (NOT if Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1 DP GALVEZ, AURELIO 4895 N.W. 183RD ST HIALEAH FL 33055 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2 D CORRALES, ARMANDO 4895 N.W. 183RD ST HIALEAH FL 33055 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 8 TITLE NAME STREET ADDRESS CITY-ST-ZIP 9 TITLE NAME STREET ADDRESS CITY-ST-ZIP 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14 TITLE NAME STREET ADDRESS CITY-ST-ZIP 15 TITLE NAME STREET ADDRESS CITY-ST-ZIP 16 TITLE NAME STREET ADDRESS CITY-ST-ZIP 17 TITLE NAME STREET ADDRESS CITY-ST-ZIP 18 TITLE NAME STREET ADDRESS CITY-ST-ZIP 19 TITLE NAME STREET ADDRESS CITY-ST-ZIP 20 TITLE NAME STREET ADDRESS CITY-ST-ZIP 21 TITLE NAME STREET ADDRESS CITY-ST-ZIP 22 TITLE NAME STREET ADDRESS CITY-ST-ZIP 23 TITLE NAME STREET ADDRESS CITY-ST-ZIP 24 TITLE NAME STREET ADDRESS CITY-ST-ZIP 25 TITLE NAME STREET ADDRESS CITY-ST-ZIP 26 TITLE NAME STREET ADDRESS CITY-ST-ZIP 27 TITLE NAME STREET ADDRESS CITY-ST-ZIP 28 TITLE NAME STREET ADDRESS CITY-ST-ZIP 29 TITLE NAME STREET ADDRESS CITY-ST-ZIP 30 TITLE NAME STREET ADDRESS CITY-ST-ZIP 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP 32 TITLE NAME STREET ADDRESS CITY-ST-ZIP 33 TITLE NAME STREET ADDRESS CITY-ST-ZIP 34 TITLE NAME STREET ADDRESS CITY-ST-ZIP 35 TITLE NAME STREET ADDRESS CITY-ST-ZIP 36 TITLE NAME STREET ADDRESS CITY-ST-ZIP 37 TITLE NAME STREET ADDRESS CITY-ST-ZIP 38 TITLE NAME STREET ADDRESS CITY-ST-ZIP 39 TITLE NAME STREET ADDRESS CITY-ST-ZIP 40 TITLE NAME STREET ADDRESS CITY-ST-ZIP 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP 42 TITLE NAME STREET ADDRESS CITY-ST-ZIP 43 TITLE NAME STREET ADDRESS CITY-ST-ZIP 44 TITLE NAME STREET ADDRESS CITY-ST-ZIP 45 TITLE NAME STREET ADDRESS CITY-ST-ZIP 46 TITLE NAME STREET ADDRESS CITY-ST-ZIP 47 TITLE NAME STREET ADDRESS CITY-ST-ZIP 48 TITLE NAME STREET ADDRESS CITY-ST-ZIP 49 TITLE NAME STREET ADDRESS CITY-ST-ZIP 50 TITLE NAME STREET ADDRESS CITY-ST-ZIP 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP 52 TITLE NAME STREET ADDRESS CITY-ST-ZIP 53 TITLE NAME STREET ADDRESS CITY-ST-ZIP 54 TITLE NAME STREET ADDRESS CITY-ST-ZIP 55 TITLE NAME STREET ADDRESS CITY-ST-ZIP 56 TITLE NAME STREET ADDRESS CITY-ST-ZIP 57 TITLE NAME STREET ADDRESS CITY-ST-ZIP 58 TITLE NAME STREET ADDRESS CITY-ST-ZIP 59 TITLE NAME STREET ADDRESS CITY-ST-ZIP 60 TITLE NAME STREET ADDRESS CITY-ST-ZIP 61 TITLE NAME STREET ADDRESS CITY-ST-ZIP 62 TITLE NAME STREET ADDRESS CITY-ST-ZIP 63 TITLE NAME STREET ADDRESS CITY-ST-ZIP 64 TITLE NAME STREET ADDRESS CITY-ST-ZIP 65 TITLE NAME STREET ADDRESS CITY-ST-ZIP 66 TITLE NAME STREET ADDRESS CITY-ST-ZIP 67 TITLE NAME STREET ADDRESS CITY-ST-ZIP 68 TITLE NAME STREET ADDRESS CITY-ST-ZIP 69 TITLE NAME STREET ADDRESS CITY-ST-ZIP 70 TITLE NAME STREET ADDRESS CITY-ST-ZIP 71 TITLE NAME STREET ADDRESS CITY-ST-ZIP 72 TITLE NAME STREET ADDRESS CITY-ST-ZIP 73 TITLE NAME STREET ADDRESS CITY-ST-ZIP 74 TITLE NAME STREET ADDRESS CITY-ST-ZIP 75 TITLE NAME STREET ADDRESS CITY-ST-ZIP 76 TITLE NAME STREET ADDRESS CITY-ST-ZIP 77 TITLE NAME STREET ADDRESS CITY-ST-ZIP 78 TITLE NAME STREET ADDRESS CITY-ST-ZIP 79 TITLE NAME STREET ADDRESS CITY-ST-ZIP 80 TITLE NAME STREET ADDRESS CITY-ST-ZIP 81 TITLE NAME STREET ADDRESS CITY-ST-ZIP 82 TITLE NAME STREET ADDRESS CITY-ST-ZIP 83 TITLE NAME STREET ADDRESS CITY-ST-ZIP 84 TITLE NAME STREET ADDRESS CITY-ST-ZIP 85 TITLE NAME STREET ADDRESS CITY-ST-ZIP 86 TITLE NAME STREET ADDRESS CITY-ST-ZIP 87 TITLE NAME STREET ADDRESS CITY-ST-ZIP 88 TITLE NAME STREET ADDRESS CITY-ST-ZIP 89 TITLE NAME STREET ADDRESS CITY-ST-ZIP 90 TITLE NAME STREET ADDRESS CITY-ST-ZIP 91 TITLE NAME STREET ADDRESS CITY-ST-ZIP 92 TITLE NAME STREET ADDRESS CITY-ST-ZIP 93 TITLE NAME STREET ADDRESS CITY-ST-ZIP 94 TITLE NAME STREET ADDRESS CITY-ST-ZIP 95 TITLE NAME STREET ADDRESS CITY-ST-ZIP 96 TITLE NAME STREET ADDRESS CITY-ST-ZIP 97 TITLE NAME STREET ADDRESS CITY-ST-ZIP 98 TITLE NAME STREET ADDRESS CITY-ST-ZIP 99 TITLE NAME STREET ADDRESS CITY-ST-ZIP 100 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 15 16 17 18 19 20 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 25 26 27 28 29 30 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 35 36 37 38 39 40 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 45 46 47 48 49 50 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 55 56 57 58 59 60 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	

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.

SIGNATURE: Aurelio Galvez

4-26-98

CR2E034 (10/97)