FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

APPROVED
AND
FILED

99 APR 30 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

021979

DOCUMENT # **P93000076241**

1. Corporation Name
LESGA CORP.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified)
10/28/1993

4. FEI Number
65-0443735
[ ] 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 owns the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY Suite, Apt. #, etc	26 2300 CORAL WAY Suite, Apt. #, etc
22 SUITE # 200 City & State	27 SUITE # 200 City & State
23 MIAMI FLORIDA Zip Country	28 MIAMI FLORIDA Zip Country
24 33145 25 U.S.	29 33145 30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

10. 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

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] AMADA CANTERA LOPEZ.PRES. 4/7/99
Signature typed or printed name of registered agent or his/her authorized officer Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	[ ] DELETE	[ ] Change [ ] Add
NAME	GALVEZ, AURELIO		
STREET ADDRESS	4895 N.W. 183RD ST		
CITY-ST-ZIP	HIALEAH FL 33055		
TITLE	D	[ ] DELETE	[ ] Change [ ] Add
NAME	CORRALES, ARMANDO		
STREET ADDRESS	4895 N.W. 183RD ST		
CITY-ST-ZIP	HIALEAH FL 33055		
TITLE		[ ] DELETE	[ ] Change [ ] Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	[ ] Change [ ] Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	[ ] Change [ ] Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	[ ] Change [ ] Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

900000285609--7
-05/03/99--01005--018
****150.00 ****150.00

4/14/99

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] 4/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
AURELIO GALVEZ. PRES

CR2E034 (11/98)