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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400052532 (6)

LASK ENGINERRING, INC.

## FILED Apr 22 1998 8:00am Secretary of State

| Principal Plac  | e of Business                                  | Mailing Address                    |   |   | 8                    |
|---|--|------------------------------------|---|---|----------------------|
|   |  | 5244 ALTON RD                      |   |   |                      |
|   |  | MIAMI BEACH FL 33140               |   | DO NOT WOITE IN T                               | HO OD LOE            |
|   |  |                                    | DO NOT WRITE IN TH  3. Date Incorporated or Qualified   | 1IS SPACE                                       |                      |
| ļ   |  |                                    |   | 07/13/1994                                      |                      |
| 2. Principal P  | lace of Business                               | 2a. Mailing Address                |   | 4. FEI Number                                   | Applied For          |
| 21  |  | 26                                 |   | 65-0508921                                      | Not Applicable       |
| Suite, Apt. #, etc. Suite, Apt. #, e  |  | Suite, Apt. #, etc.                |   | 5. Certificate of Status Desired                | \$8.75 Additional    |
| 27 City & State City & State  |  | <del></del>                        |   | Fee Required                                    |                      |
| City & State         City & State           23         28   |  |                                    | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be<br>Added to Fees                  |                      |
| Zip   | Country  | Zip                                | Country   | 8. This corporation owes or has paid the        |                      |
| 24  | 25   | 29                                 | 30  | Personal Property Tax due June 30.              | Yes No               |
|   | 9. Name and Address of Cu                      | rrent Registered Agent             |   | 10. Name and Address of New Register            | ed Agent             |
|   | sk, <b>r</b> euven                             |                                    | 81 Name   |   |                      |
| 5244 ALTON RD   |  |                                    | 82 Street Add   | ress (P.O. Box Number is Not Acceptable)        |                      |
| MIAMI BEACH FL 33140  |  |                                    | 83  |   |                      |
|   |  |                                    |   |   |                      |
|   |  |                                    | 84 City   |   | 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 regis  |  |                                    |   |   |                      |
| 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, typied or printed name of registere | d agent and tile it applicable (NO | E: Registered Agent signature requi                     | ired when reinstating) DAI                      | íE .                 |
| 12.   |  | AND DIRECTORS                      | 13.   | ADDITIONS/CHANGES TO OFFICERS                   |                      |
| TITLE   | 0  | ☐ DELETE                           | 1.1 TITLE   |   | Change Addition      |
| NAME  | LASK, REUVEN                                   |                                    | 1.2 NAME  |   |                      |
| STREET ADDRESS  | 5244 ALTON RD                                  |                                    | 1.3 STREET ADDRESS                                      |   |                      |
| CITY-ST-ZIP   | MIAMI BEACH FL 33140                           | DELETE                             | 1.4 CITY - ST - ZIP<br>2.1 TITLE                        |   | Change Addition      |
| NAME  | •  | _ state                            | 2.2 NAME  |   | □ outuito □ reaution |
| STREET ADDRESS  |  |                                    | 2.3 STREET ADDRESS                                      |   |                      |
| CITY-ST-ZIP   |  |                                    | 2. 4 CITY - ST - ZIP                                    |   | -                    |
| TITLE   |  | DELETE                             | 3.1 TITLE   |   | Change Addition      |
| NAME  |  |                                    | 3.2 NAME  |   |                      |
| STREET ADDRESS  |  |                                    | 3.3 STREET ADDRESS                                      |   | 1                    |
| CITY-ST-ZIP   |  |                                    | 3.4. CITY-S1-ZIP  |   |                      |
| TITLE   |  | ☐ DELET <b>e</b>                   | 4.1 TITLE   |   | Change Addition      |
| NAME  |  |                                    | 4. 2 NAME   |   | •                    |
| STREET ADDRESS  |  |                                    | 4.3 STREET ADDRESS                                      |   |                      |
| CITY-ST-ZIP   |  | DE) ETE                            | 4.4 CITY-ST-ZIP   |   | Change               |
| TITLE   |  | ☐ DELETE                           | S.1 TITLE   |   | Change Addition      |
| NAME<br>OTREET ADDRESS  |  |                                    | 5.2 NAME  |   |                      |
| STREET ADDRESS  |  |                                    | 5.3 STREET ADDRESS                                      |   |                      |
| CITY-ST-ZIP<br>TITLE  |  | DELETE                             | 5.4 CITY - ST - ZIP<br>6.1 TITLE                        |   | Change Addition      |
| NAME  |  | المداد ب                           | 6.2 NAME  |   |                      |
| STREET ADDRESS  |  |                                    | 6.3 STREET ADDRESS                                      |   |                      |
| CITY-ST-ZIP   |  |                                    | 6.4 CITY - ST - ZIP                                     |   |                      |
| 211 21 28   | L  |                                    |   | Cooling 110 07/2\(ii) Elerida Clatutas I furthe |                      |

14. Thereby 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 charged, or on an attrictment with an address.

REUVEN LAS

4/18/90 1205)864-53/1