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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 13 1997 8:00am

Secretary of State

## DOCUMENT # P95000075182 (2)

LSH ENTERPRISES, INC.

Principal Place of Business Mailing Address									
11871 SW 123 PLACE 11871 SW 123 PLACE MIAMI FL 33186 MIAMI FL 33186-5056									
								3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1995 08/13/1996	
2. Principal	Place of Busin	ess	2a. Mailin	2e. Mailing Address				4. FEI Number Applied For	
21			26	26				65-0612243 Not Applicate	
Sulte, Api	t. #, etc.		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22			27	······································				Fee Required	
City & Sta	ate		<u></u>	City & State				6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution Added to Fees	
Zip	}	Country	Zip		Cou	intry	ſ	8. This corporation has liability for intangible tax under s. 199.032,	
24	1	25 and Address of Cur	rent Registered /	conl	30		·	Florida Statutes Yes 10. Name and Address of New Registered Agent	
<b>†</b> LI		<del></del>	TOTAL TIONISTER A	Agus	·	81	Name	10. Italiie aliu Audiess ol New Registereo Agent	
THOMAS, LINDA A 11871 SW 123 PLACE							Namo		
	0/ 1 OVV 123 AMI FL 3318				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MU	AND LP 2210	U				83			
						84	City	FI 85 Zip Code	
SIGNATURE	am tamiliar wii	or profed name of registered	agent and life if applica	ori 607.0505, F	-lorida Stat OTE: Rogistero	ules	S.	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered aured when reinstating)	
12.	Т. В	OFFICERS.	AND DIRECTORS	Therese	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	LIMDA A		DELETE	1.1 18			Change Additi	
NAME	REET ADDRESS 11871 SW 123 PLACE					AME			
							ADDRESS		
CITY-ST-ZIP	MIPWH FL			DELETE			IT-ZIP	Donais Diagra	
NAME				f""] INFTERE	2111			Change Addition	
=					22 N/		IDD0505		
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP TITLE				DELETE	2. 4 C 3.1 Ti		S1 - 71P	Change Additi	
NAME				- PEFFIC	3.1 H			C cuange C Xouth	
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP							SI-ZIP		
TITLE	<del> </del>			DELETE	4.1 1)		27 KII	Change Addition	
NAME					4.2 N				
STREET ADDRESS				•	1		ADDRESS		
CITY-ST-ZIP					4.4 CI				
TITLE				DELETE	5.1 1			Change Addition	
NAME	1				5.2 N/				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					5.4 CI		- 1		
TITLE	<del> </del>			DELETE	6.1 10			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 eath; 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.

6.4 CITY - ST - ZIF

6.2 NAME

NAME OF THE PARTY OF THE PARTY

NAME

STREET ADDRESS