SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
LES SCENE, INC.

P96000019697 (7)

Mailing Address

Principal Place of Business 10529 SANTA LAGUNA DR BOCA RATON FL 33428

10529 SANTA LAGUNA DR



97 SEP 12 PH 4: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA



BOCA RATON FL \$3428		BOCA RATON FL 33428			DO NOT WRITE	ים פושד ואו	DACE			
							3. Date Incorporated or Qualified		e of Last R	eport
							02/29/1996	Ou. Dan	, or cast ii	юрон
2. Principal P	lace of Busine	SS	2a. Mailing Adde	ess			4. FEI Number	<u></u> .	TAF	plied For
21			26			65-0650149			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75		
22			27			5. Certificate of Status Desired		Fee Re		
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution Added to Feet			
Zip	ļ	Country	Zip		Country	,	8. This corporation owes or has pa	id the curre	nt year Int	angible
24	21	`	[29]	30			Personal Property Tax due June		_] No
		nd Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	jent	
	AINO, GIACO				81	Name				
	29 SANTA L			82 Street		Address (P.O. Box Number is Not Acceptable)				
RO	ca raton f	L 33428								
					83					
					84	City			85 Zip (Code
44 0		7.8		 				<u>FL</u>		
office or re agent. I as	io i ne provisior egistered ager m familiar with,	is of Sections 607,050 if, or both, in the State and accept the oblig	J2 and 607.1508, Florid ⊧of Florida. Such chan ations of, Section 607.	da Statules, th ge was author 0505, Florida∹	e abovi rized by Statute:	e-named of the corp s.	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of co of the appoi	hanging it: ntment as	s registered registered
SIGNATURE										
	Signature, typed or	printed name of registered ag				nt signature	equired when reinstating)	DATE		
12.	D	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PIRAINO,	SIACONO	☐ DE		I.1 TOTLE			_	_] Change	Addition
NAME		NTA LAGUNA DR			I.2 NAME		0000022	947	'3D-	3
STREET ADDRESS		ON FL 33428		1	I.3 STREET	ADDRESS	0000022 -09/1 <u>6/</u> 9	3701	ე790	003
CITY-ST-ZIP	BUCA RA	UN FL 33428	——————————————————————————————————————		i.4 CITY - S	T-ZIP	****SS() <u>.00 </u>	<u> ****5</u> 5	60.0D
TITLE			☐ DE		2.1 TITLE			L.	Change	Addition
NAME					2.2 NAME					
STREET ADDRESS				2	2.3 STREET	ADDRESS				
CITY-ST-ZIP					. 4 CITY-5	ST-ZIP				
TITLE			☐ DE		L1 TITLE			L	Change	☐ Addition
NAME					J.2 NAME					
STREET ADDRESS					1.3 STREET					
CITY-ST-ZIP	·				1.4 CITY-5	31 - ZIP				
TITLE			☐ DE	LEIE 4	LT TITLE	ł		L	Change	Addition
NAME '				4	. 2 NAME					
STREET ADDRESS				4	3 STREET	ADDRESS				
UMY-ST-ZIP					4 CITY-S	T-ZIP				
LUTÉ			[] DE	LET€ 5	1 TITLE	- 1			Change	Addition
NAME				5	2 NAME		\sim			
STREET ADDRESS				5	3 STREET	ADDRESS	Ai A	1/11/1	J	
CHTY-ST-ZIP					.4 CITY-S	1-2IP		run		
TITLE			□ DE	LETE 6	.1 TITLE		0	1171	Chargge	Addition
NAME				6	.2 NAME		~	1149	11	
STREET ADDRESS				6	.3 STREET	ADDRESS		,		
CITY-ST-ZIP					A CITY C					

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.