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FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000029749 (4)

1. Corporation Name
LEISHA, INC.



Principal Place of Business
**1430 SOUTHWEST 85TH AVENUE
 PEMBROKE PINES FL 33025**

Mailing Address
**1430 SOUTHWEST 85TH AVENUE
 PEMBROKE PINES FL 33025-5316**

3. Date Incorporated or Qualified **04/04/1996** 3a. Date of Last Report **4/4/96**

2. Principal Place of Business
 21 **870 N.W 34th St.**

2a. Mailing Address
 26 **870 N.W 34th St**

4. FEI Number **65-0658416** Applied For Not Applicable

22 _____

27 _____

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Oakland Park, Florida**

28 **Oakland Park, Florida**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33309** 25 **U.S.A.**

29 **33309** 30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ROTH, MITCHEL W
 16450 NORTHEAST SIXTH AVE.
 NO MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.01-02 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, SONIA	1.2 NAME	
STREET ADDRESS	1430 SOUTHWEST 85TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL 33025	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, PETER	2.2 NAME	
STREET ADDRESS	1430 SOUTHWEST 85TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL 33025	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: **Sonia E. Gordon**

4/23/97

(954) 437-0872

CR2E034 (9/96)