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

Mailing Address 4275 AURORA ST.

SUITE E-2

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

4275 AURORA ST. SUITE E-2



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 12 1997 8:00am

Secretary of State

305)529-2429

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600041705 (0)

LESSER-TRIFF CONSULTING, INC.

CORAL GABLES FL 33146 CORAL GABLES FL 33146-1851			\$51		·	
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1996		
	ace of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For
			7th AVE	65-0666091	No	ot Applicable
22 301 27 301				5. Certificate of Status Desired	1 I '	Additional equired
City & State 23 M (A)	MI1 FL	City & State 28 HIAHI	PTPTPTPTPTPTPTPTPTPT-	Election Campaign Financing Trust Fund Contribution		May Be to Fees
^{Zip} 3314	Country USA	29 FL 33145 3	Country	8. This corporation has liability for i Florida Statutes	ntangible tax under s Yes \textbf{\textsize}\text{No}	. 199.032,
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	pistered Agent	
LESS	SER, KARL		B1 Name	arl lesser		
	AURORA ST.		82 Street Address (P.O. Box Number is Not Acceptable)			
SUIT	E E-2		1.80	1800 SW 27 Sh Ave \$501		
COR	AL GABLES FL 33146		83	83		
			84 City	Ln(FL 85 Zip 2	Cpde_
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508. Florida Statutes	the above-named coro	poration submits this statement for the o	urpose of changing It	ts registered
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	eof Florida. Such change was au	thorized by the corporat	tion's board of directors. I hereby accept	t the appointment as	registered
~	m lamiliar with, and accept the oblig	ations or, Section 607.0505, Fion	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Agent signature requir	red when reinstating)	DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	LESSER, KARL	i .	1.2 NAME			
STREET ADDRESS	2519 TIGERTAIL AVE.		1.3 STREET ADORESS			
DITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP			
1/1LE	D	DELETE	2.1 TITLE		☐ Change	Addition
NAME	LESSER, DANIA		2.2 NAME			
STREET ADDRESS	2931 S.W. 19TH TERRACE		2.3 STREET ADDRESS			
CITY-ST-7:P	MIAMI FL 33145		2. 4 CITY - ST - ZIP			
10,16		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	. 4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-7IP			4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
City-SI-ZIP		Doriere	5.4 CiTY - ST - ZIP	<u> </u>	T Access	A JULY.
TIFLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-St-ZiP	w carlify that the information of malic	id with this filing does not a salid.	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statute	a I further continue	tho
information I am an of appears in	indicated on this armual report or a ficer or director of the corporation on Book 12 or Block 13 if changed, o	is with the first stage does not quality supplemental annual report is tru in this receiver or trustee empower of an attachment with an address.	e and accurate and that ed to execute this reporess.	a in Section 119.07(3)(), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	s. From the certily that I effect as if made un tatutes; and that my r	der oath; that name