


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90036 022 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P96000041705**

1. Corporation Name
LESSER-TRIFF CONSULTING, INC.



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| Principal Place of Business 1800 S.W. 27TH AVE. APT. 301 MIAMI FL 33145 US | Mailing Address 1800 S.W. 27TH AVE. APT. 301 MIAMI FL 33145 US |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---------------------------------------|--|--|--|
| 2. Principal Place of Business 21 5040 NW 7TH STREET | | 2a. Mailing Address 26 SAME | | 3. Date Incorporated or Qualified 05/15/1996 | |
| Suite, Apt. #, etc. 22 # 470 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 65-0666091 | |
| City & State 23 MIAMI FL | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33126 | | Country 25 DDC | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 29 | | Country 30 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent LESSER, KARL 1800 S.W. 27TH AVE. #301 MIAMI FL 33145 | | 10. Name and Address of New Registered Agent 81 Name LESSER, KARL 82 Street Address (P.O. Box Number is Not Acceptable) 5040 NW 7TH STREET SUITE #470 83 84 City MIAMI FL 85 Zip Code 33126 | |
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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 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 D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LESSER, KARL | | 1.2 NAME | |
| STREET ADDRESS 2519 TIGERTAIL AVE. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33133 | | 1.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LESSER, DANIA | | 2.2 NAME | |
| STREET ADDRESS 2931 S.W. 19TH TERRACE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33145 | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dania Triff
01/06/99 (305) 529-2425
Date Daytime Phone #