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FILED
Sep 18 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 # P96000089401 (9)

1. Corporation Name
LECOVENT, INC.



Principal Place of Business

6050 S.W. 81ST STREET
SOUTH MIAMI FL 33143

Mailing Address

6050 S.W. 81ST STREET
SOUTH MIAMI FL 33143-8122

| | |
|--|-----------------------------------|
| 3. Date Incorporated or Qualified 10/30/1996 | 3a. Date of Last Report N/A |
| 4. FEI Number 65-0706619 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

ISENBERGH, PENNY D
6050 S.W. 81ST STREET
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | W. DAVID MOON |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 6755 SW 88 ST # B-222 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | MIAMI FL 33156 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | DAVID SANTANA |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 19370 SW 292 ST |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | HOMESTEAD FL 33031 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | PAUL N. ISENBERGH |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 6050 SW 81 ST |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | SO. MIAMI FL 33143 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | PENNY D. ISENBERGH |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 6050 SW 81 ST |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | SO. MIAMI FL 33143 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| 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 | |
| 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 _____ DATE 9-1-97 305

CR2E034 (9/96)