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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000091585 (5)

LKS GROUP, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State



								<b>411. 1</b> 11. 1411
Principal Place of Business Mailing Address						Bitt abert malia ib:	#f 11 <b>9</b> 01 01101 P	4141 4671 1443
7772 BISCAYNE BOULEVARD 7772 BISCAYNE BOULEVARD								
MIAMI FL 331	38	MIAMI FL 33138		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qual			
					11/07/1996			
	ace of Business	2s. Mailing Address	4 4	244	4. FEI Number			pplied For
	SCAYNE BLYP	27657 BISCAY	NR C	SL VD	65-0705588			lot Applicable
Suite, Apt. #, etc. 22 Suita # 200		Suite, Apt. #, etc.	200		5. Certificate of Status Desire	od 🗆	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
City & Stat  MIA		120)	FIORIDA		Election Campaign Financing     Trust Fund Contribution			
Zip	Country	20 33/38	Country		8. This corporation owes or h			
4 3313			30		Personal Property Tax due			<u> №</u>
	g, Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of No	W Registered	Agent	
	rgov, stanislav 72 biscayne blyd		6'	Name				
	82 Street Add		ress (P.O. Box Number is Not Acc	eptable)				
MIA	VMI FL 33138		63					
			84	City	·		85 Zip	Code
11 Purguant	to the provisions of Sections 607.050	12 and 607 1509. Florida Statutes	the ebous	a-nemed con	poration submits this statement for	the nurness (	of changing	ite registered
12.	Signature, typed or printed name of mysitized ag OFFICERS AN	ID DIRECTORS	13.	int signatura requi	red when reinstaling) ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
THILE	PD	DELETE	1.1 TITLE		ADDITIONO/OFFARGED TO	OI TIOLITO AIT	Change	
NAME	SERGOV, STANISLAV		1.2 NAME	(				
STREET ADDRESS	7772 BISCAYNE BOULEVARI	0	1.3 STREET	ADDRESS				
CITY-S1-ZIP	MIAMI FL 33138		1.4 CITY - S	T-ZIP				
TITLE		DELETE					Change	Addition
NAME	,		2.2 NAME	)				
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	}			Change	Addition
NAME			3.2 NAME		•			
STREET ADDRESS			3 3 STREET					
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NAME STREET ADDRESS			4.3 STREET	ADDRESS				
CITY - ST - ZIP			4.3 STREET					
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NAME		<del>-</del>	5.2 NAME				- •	
STREET ADORESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S					
TITLE	· — · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE			<del></del>	Change	Addition
NAME			6.2 NAME				•	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	T-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.

SIGNATURE:

Stamslav SERGOV