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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000092171

1. Corporation Name

LAFE YS CORP.			DO NOT WRITE IN THIS SPACE				
Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE			
1627 BRICKELL AVENUE. SUITE 1603 MIAMI FL 33129		1627 BRICKELL AVENUE. MIAMI FL 33129	SUITE 1603				
				3., Date Incorporated or Qualifed			
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0821552			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5 Ad		
Zip	Country	Zip 29	Country 30	This corporation owes the current year Personal Property Tax.	Intangible		
	and Address of Current R			10. Name and Address of New Register	ed Agent		

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90020 022 ***150.00



Applied For

Fee Required \$5.00 May Be

Added to Fees

Yes

≥too

Not Applicable \$8.75 Additional

AMERILAWYER CHARTERED 343 ALMERIA AVENUE			Name						
			Street A	Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134		83				_			
		84 (City	F	85	Zip Co	ode		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of, Section 607.050 	was authorized	d by the	amed o	corporation submits this statement for the purpose or pration's board of directors. I hereby accept the appropriate the control of the contro	of chang ointmen	ing its regi	egistered stered		
SIGNATURE				equired when reinstating) DATE					
Signature, typed or printed name of registered agent and title if applicable.		1 Agent si	gnature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIE	ECTOR	S IN 12		
12. OFFICERS AND DIRECTORS	13.	m.c		ADDITIONS/CHANGES TO OFFICERS A		hange	Addition		
100					υΨ	ilai igo			
NAME KELSO, QUERUBE		2 NAME							
STREET ADDRESS 1627 BRICKELL AVENUE, SUITE 1603	1.3 S	TREET AL	ORESS						
CITY-ST-ZIP MIAMI FL 33129		1.4 CITY-ST-ZIP							
TITLE DELL	žΤΕ 2.1 ΤΙ	TLE			Пс	hange	Addition		
NAME	2.2 N	AME			- -				
STREET ADDRESS	2.3 S	TREET AL	DRESS				ļ		
CITY-ST-ZIP	2,40	CITY-ST-Z	IP						
TITLE DELI	ETE 3.1 T	MLE				hange	Addition		
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NAME	4.21	NAME							
	435	TREET AS	DRESS				,		
STREET ADDRESS	1	ITY-ST-Z							
CITY-ST-ZIP TITLE DELU					C	hange	Addition		
	5.2 N			·	, 7	•	_]		
NAME		TREET AL	IDRESS	·					
STREET ADDRESS									
CITY-ST-ZIP		ITY-ST-Z	JP			hange	Addition		
TITLE DEL	L. I				Ц,	na iyo			
NAME	6.2 N								
STREET ADDRESS	6.3 S	TREET A	DRESS						
CITY-ST-ZIP		ITY-ST-Z							
14. I hereby certify that the information supplied with this filing does not que indirated on this annual report or supplemental annual report is true ar	alify for the exe	emption	stated	d in Section 119.07(3)(i), Florida Statutes. I further o	ertify the	at the in n: that i	tormation am an		

officer or director of the corporation or the receiver or trustee empowered and that my signature shall have the same regal effect as it made under our, that I all 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 all dress, with all other like empowered.

SIGNATURE:

G-OFFICER OR DIRECTOR