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 # **P97000064142**1. Corporation Name

LENMART INTERNATIONAL INC.	
Principal Place of Business Mailing Address	
12190 NW 98TH AVE 12190 NW 98TH AVE BAY #6 BAY #6	
MIAMI FL 33018 MIAMI FL 33018	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed
	07/24/1997
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
26	65-0772047 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired
City & State City & State	6 Flection Campaign Financing \$5.00 May Po
23 28	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes the current year Intangible
24 25 29 30	Personal Property Tax.
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	
MARTINEZ, LENNY 12190 NW 98TH AVE 82 Street Addre	ess (P.O. Box Number is Not Acceptable)
BAY #6	
MIAMI FL 33018	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate of the corporat	oration submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	n's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required	d when reinstating) DATE
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 12. OFFICERS AND DIRECTORS 13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 12. OFFICERS AND DIRECTORS 13. ITILE DPST DELETE 1.1 TITLE	d when reinstating) DATE
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 12. OFFICERS AND DIRECTORS 13. TITLE DPST DELETE 1.1 TITLE NAME MARTINEZ, LENNY STREET ADDRESS 12 190 NW 98TH AVE, BAY #6 1.3 STREET ADDRESS	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 12. OFFICERS AND DIRECTORS 13. ITILE NAME MARTINEZ, LENNY STREET ADDRESS CITY-ST-ZIP NAME 1.3 STREET ADDRESS NIAMI FL 33018 1.4 CITY-ST-ZIP	J when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 12. OFFICERS AND DIRECTORS 13. TITLE NAME MARTINEZ, LENNY STREET ADDRESS CITY-ST-ZIP MIAM! FL 33018 14 CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with the filting 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 eceiver of 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 op an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FEQUIRED

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90034 021 ***150.00