

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra J. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000086483 (9)
 1. Corporation Name
LAKESA, INC.



Principal Place of Business 6986 NW 36TH AVENUE MIAMI FL 33147	Mailing Address 6986 NW 36TH AVENUE MIAMI FL 33147
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/30/1997	
4. FEI Number 65-0785406	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOPEZ, JORGE R ESO
 5200 BLUE LAGOON DRIVE SUITE 600
 MIAMI FL 33126**

10. Name and Address of New Registered Agent

1 Name
 2 Street Address (P.O. Box Number is Not Acceptable)
 3
 4 City **FL 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: Register Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONTRERAS, ARGENIS	
STREET ADDRESS	6986 NW 36TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VICE - PRESIDENT	<input type="checkbox"/> DELETE
NAME	JEFFREY MARTINEZ - HARG	
STREET ADDRESS	6986 NW 36TH AVE.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 F	
1.3 SET ADDRESS	
1.4 I - ST - ZIP	
2.1 F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 G	
2.3 SET ADDRESS	
2.4 I - ST - ZIP	
3.1 I	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 J	
3.3 SET ADDRESS	
3.4 IY - ST - ZIP	
4.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 F	
4.3 SET ADDRESS	
4.4 I - ST - ZIP	
5.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 F	
5.3 SET ADDRESS	
5.4 I - ST - ZIP	
6.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 F	
6.3 SET ADDRESS	
6.4 I - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the option 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 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: *[Signature]* **1/5/98**

CR2E034 (10/97)