

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0785406	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Register Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTRERAS, ARGENIS	12 IF	
STREET ADDRESS	6986 NW 36TH AVENUE	13 SET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	14 I-ST-ZIP	
TITLE	VICE - PRESIDENT	21 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY MARTINEZ - HANO	22 IF	
STREET ADDRESS	6986 NW 36TH AVE.	23 SET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	24 I-ST-ZIP	
TITLE		31 I	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 IF	
STREET ADDRESS		33 SET ADDRESS	
CITY-ST-ZIP		34 I-ST-ZIP	
TITLE		4 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 ME	
STREET ADDRESS		4 SET ADDRESS	
CITY-ST-ZIP		4 I-ST-ZIP	
TITLE		51 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 IF	
STREET ADDRESS		53 SET ADDRESS	
CITY-ST-ZIP		54 I-ST-ZIP	
TITLE		61 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 IF	
STREET ADDRESS		63 SET ADDRESS	
CITY-ST-ZIP		64 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 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:  1/5/98

CR2E034 (10/97)