COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

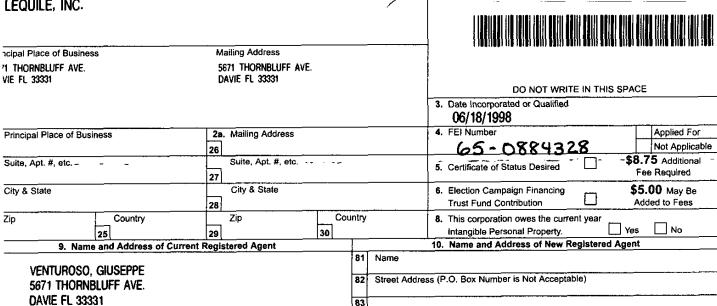
OCUMENT # P98000055368 Corporation Name

LEQUILE, INC.

1 THORNBLUFF AVE.

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90005 025 ***150.00



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.

City

NATURE .					
MATORE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE	Registered Agent signature r		
	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
	D	DELETE	1.1 TITLE	Change	Addition
<u>.</u>	VENTUROSO, GIUSEPPE		1.2 NAME		
ET ADDRESS	5671 THORNBLUFF AVE.		1.3 STREET ADDRESS		
ST-ZIP	DAVIE FL 33331		1.4 CITY-ST-ZIP		
		DELETE	2.1 TITLE	Change	Addition
:		_	2.2 NAME		
ET ADDRESS			2.3 STREET ADORESS		
ST-ZIP			2.4 CITY-ST-ZIP		
		DELETE	3.1 TILE"	Change	Addition
ŧ			3.2 NAME		
ET ADDRESS			3.3 STREET ADDRESS		
ST-ZIP			3.4 CiTY-ST-ZIP		
		DELETE	4.1 TITLE	Change	Addition
			4.2 NAME		
ET ADDRESS			4.3 STREET ADDRESS		
ST-ZIP			4.4 CITY-ST-ZIP		
		DELETE	5.1 TITLE	Change	Addition
			5.2 NAME		
:T ADDRESS			5.3 STREET ADDRESS		
iT-ZIP			5.4 CITY-ST-ZIP		
		DELETE	6.1 TITLE	Change	Addition
Ì			6.2 NAME		
:T ADDRESS			6.3 STREET ADDRESS		
ST-ZIP			6.4 CITY-ST-ZIP	AND ONLY IN THE SECOND	

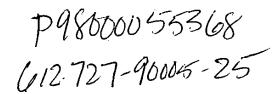
hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have 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 n Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

85

Zip Code

Lequile, Inc. 5671 Thornbluff Avenue Davie, Florida 33331 954/557-7297



September 3, 1999

Florida Department of State Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, Florida 32303-1500

Re: Lequile, Inc.

Document # P98000055368

Dear Sir/Madam:

Pursuant to a conversation with one of your employees today I have attached my check in the amount of \$150.00 to cover filing fees for the Subject Company.

Please keep in mind that I did not receive the first notice that was sent to us. I am grateful for your understanding in this matter and certainly appreciate you processing this for the agreed upon fee enclosed.

Please contact me directly with any questions or comments that you may have.

Sincerely,

Giuseppe Venturoso

President