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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P96000091585	(5)

LKS GROUP, INC.

Principal Place of Business

Mailing Address

## FILED May 02 1997 8:00am Secretary of State



7772 BISCAYNE BOULEVARD 7772 BISCAYNE BOULEVARD MIAMI FL 33138 MIAMI FL 33138-5132							
				3. Date Incorporated or Qualified 11/07/1996	Sa. Date of L	ast Report	
2, Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	26			65-0705588		Not Applicable	
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees	
24 25	intry Zip	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
<u> </u>	dress of Current Registered Agent			10. Name and Address of New Ro	egistered Agent		
AMERILAWYER CHART		] B1	Name S	ERGOV, STA	115LA	<b>v</b>	
CORAL GABLES FL 33134				Address (P.O. Box Number is Not Acceptable)			
		83				ì	
		84	City M	lami FL	FL 85	Zip Code 93/38	
14 Pursuant to the provisions of S	Sections 607 0502 and 607 1508 Florida S	Statutes the above-			Durnose of chance	ing its registered	
office or registered agent, or b	Sections 607.0502 and 607.1508, Florida Sooth, in the State of Florida. Such change accept the obligations of, Section 607.050	was authorized by t	he corporation	on's board of directors. I hereby acce	pt the appointme	nt as registered	
agent, ram familiar with, and a	Section 607.050	s, Figlio <u>a Staulos:</u>	<b>)</b>		4-25-97	}	
SIGNATURE SERGOV	rame of registered agent and title if applicable.	(NOTE: Registered Agent	signature require		DATE	·	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12	
итье РО	DELETE	1.1 TITLE			☐ Cha	CTORS IN 12 inge Addition	
NAME SERGOV, STANK		1.2 NAME	ļ			1.	
STREET ADDRESS 7772 BISCAYNE		1.3 STREET A	DDRESS				
CITY-ST-ZIP   MIAMI FL 33138		1.4 CITY-ST-	ZIP				
TITLE YS	DELETI	2.1 TITLE			Cha	inge 🔲 Addition	
NAME FONAROY, LEON		22 NAME	ĺ				
STREET ADDRESS 7772 BISCAYNE		2.3 STREET AL	DDRESS			ļ	
CITY-ST-ZIP MIAMI FL 33138	······	2.4 CITY - ST	ZIP				
TITLE	[] DELET	3.1 TITLE			[_] Chi	inge ∐ Addition	
NAME		3.2 NAME				}	
STREET ADDRESS		3.3 STREET AL	DORESS			ļ	
CITY - SI - ZIP	Fi	3 4. CITY-ST	-ZIP		F12	/ 1.4255	
TITLE	☐ DELETE	1		16	L Cha	inge ( Addition )	
NAME		4, 2 NAME				[	
STHEFT ADDRESS		4.3 STREET A	1				
CFTY-ST-ZIP	C) DELETI	4.4 CITY - ST -	ZIP		<□ Ch	ange Addition	
TITLE	ET DEFEI		ļ		رب ۱۱۱	usto Transition	
NAME		5.2 NAME				i	
STREET ADDRESS		5.3 STREET A				Į.	
CITY- \$1-ZIF	DELETI	5.4 CITY-ST- 6.1 TITLE	ZIP		Ch	ange	
TITLE	CT DETE !!		}		L. 018	man manuful)	
NAME		6.2 NAME	nnorna			j	
STREET ADDRESS		6.3 STREET A				į	
CITY-ST-ZIP		6.4 CITY-ST-		in Section 119.07(3)(i), Florida Statute		4	

into nergoy 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 end 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.

CICNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Daytinie Phone # 0188413