

DND 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).

FILED
Sep 10, 1999 8:00 am
Secretary of State
 09-10-1999 90009 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000006345

CORPORATION NAME
 LEN ACQUISITION CORP.

014245 - 90009 - 74 * *



Principal Place of Business CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLHASSEE FL 32301	Mailing Address % CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

Principal Place of Business <i>625 N. GOVERNOR PRINTZ BLVD</i>	2a. Mailing Address <i>625 N. GOVERNOR PRINTZ BLVD</i>	3. Date Incorporated or Qualified 11/13/1998	4. FEI Number 25-1821062	Applied For Not Applicable
Suite, Apt. #, etc. <i>SUITE 3</i>	27. Suite, Apt. #, etc. <i>SUITE 3</i>	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	
City & State <i>ESSINGTON PA</i>	28. City & State <i>ESSINGTON PA</i>	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip <i>19029</i>	25. Country <i>USA</i>	29. Zip <i>19029</i>	30. Country <i>USA</i>	

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T-ADDRESS	CPTD GARCIA, ALFONSO SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
T-ADDRESS	VD GARCIA, ENRIQUE SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
T-ADDRESS	S MORENO, SERGIO SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	<i>625 N. GOVERNOR PRINTZ BLVD. SUITE 3</i>
		3.4 CITY-ST-ZIP	<i>ESSINGTON, PENNSYLVANIA 19029</i>
T-ADDRESS	D GARCIA, SONIA SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
T-ADDRESS	D GARCIA, JORGE L SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
T-ADDRESS	D GARCIA, OLGA SANTA CATARINA, BLVD. DIAZ ORDAZ #1000 NUEVO LEON, MEXICO 66350	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sergio Moreno* SIGNATURE REQUIRED 08/31/99 (610) 521 2881

CR2E034 (5/99)

**WHITE CAP
INCORPORATED**

F980000006345
614245-90009+44

August 31, 1999

Florida Department of State
Annual Report Filings
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Dear Sir/Madam:

This letter is to inform Florida Department of State that Alen Acquisition Corporation is filing late Florida's 1999 Annual Report.

The reason of this delay is due to fact that the first notice of this report was not received, the Florida Department of State has suggested that a letter stating this fact and a check in the amount of \$150 be included with the Annual Report.

Enclosed are Florida's 1999 Annual Report and a check for \$150.

Sincerely yours,


Sergio Moreno Guillen