

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

**FILED**

**Jan 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 519986 (4)**

1. Corporation Name  
**LE' CARO, INC.**



Principal Place of Business <b>630 N.W. 16TH ST. HOMESTEAD FL 33030</b>	Mailing Address <b>630 N.W. 16TH ST. HOMESTEAD FL 33030-4041</b>
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/09/1976</b>	3a. Date of Last Report <b>02/08/1996</b>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number <b>59-1708329</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PAYNE, RICHARD G. 610 WHITEHEAD ST. KEY WEST FL 33040</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NICCU, LEONARD G</b>	1.2 NAME	<b>NICCU, LOURDES B.</b>
STREET ADDRESS	<b>630 N W 16TH ST</b>	1.3 STREET ADDRESS	<b>630 NW 16th ST</b>
CITY-ST-ZIP	<b>HOMESTEAD, FL 33030</b>	1.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33030-4041</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICCU, MICHAEL G.</b>	2.2 NAME	
STREET ADDRESS	<b>1460 OVERSEAS HWY GULF MARATHON FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICCU, STEVEN L</b>	3.2 NAME	<b>NICCU, STEVEN L.</b>
STREET ADDRESS	<b>3935 BONWAY DRIVE PENSACOLA FL XXXXX</b>	3.3 STREET ADDRESS	<b>3254 SANTA ROSA DR</b>
CITY-ST-ZIP	<b>XXXXXXXXXX</b>	3.4 CITY-ST-ZIP	<b>GULFBREEZE, FL 32561</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COWARD, KAREN R.</b>	4.2 NAME	
STREET ADDRESS	<b>4 W. PAULDING AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANT BEACH NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or as an attachment with an address.

SIGNATURE: Leonard G. Niccu **LEONARD G. NICCU, PRESIDENT** January 8, 1997 (305) 248-7838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)