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55 MAY 11 11:02:25

REC'D TALLAHASSEE FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **F26582** (9)
FERNANDEZ - LEON, INC.

Principal Office Address: **1104 NO HOWARD AVE C/O FREDY FERNANDEZ TAMPA FL 33607**

Mailing Address: **1104 NO HOWARD AVE C/O FREDY FERNANDEZ TAMPA FL 33607**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or acquired: **03/24/1981**

3a. Date of Last Report: **04/28/1994**

4. FEI Number: **59-2087212**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under Section 199.03, Florida Statutes: Yes No

2. Principal Name of Registered Agent: **FERNANDEZ, FREDY**

2a. Mailing Address: **2710 W STATE ST TAMPA FL 33607**

21. State: **FL**

22. City: **TAMPA**

23. Zip: **33607**

24. Country: **USA**

9. Name and Address of Current Registered Agent

**FERNANDEZ, FREDY
2710 W STATE ST
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81. Name: _____

82. Street Address (P.O. Box Number is Not Acceptable): _____

83. City: _____

84. State: **FL** Zip Code: _____

11. Pursuant to the provisions of law in Sections 199.03 and 199.04, 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. Each 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 this law. (199.03, Florida Statutes)

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
1	PD GARCIA, NARCISO A	3415 W DEWEY ST	TAMPA	FL	00000
2	VTD FERNANDEZ, FREDY A	2710 W STATE ST	TAMPA	FL	00000
3	NAME	STREET ADDRESS	CITY	STATE	ZIP
4	NAME	STREET ADDRESS	CITY	STATE	ZIP
5	NAME	STREET ADDRESS	CITY	STATE	ZIP
6	NAME	STREET ADDRESS	CITY	STATE	ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
1	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), Florida Statutes. I further certify that the information included 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 recipient of the report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an affidavit with an address.

SIGNATURE: *Fredy Fernandez*
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 813-251-8129