

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

FILED

97 MAR 10 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J47120

1. Corporation Name
LEITER, PEREZ & ASSOCIATES, INC.

Principal Place of Business
160 N.W. 176 ST
Room #403
MIAMI, FL 33169

Mailing Address
160 N.W. 176 ST
Room #403
MIAMI, FL 33169

3. Date Incorporated or Qualified: 12/15/86
3a. Date of Last Report: 4/20/96

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	59-2746730	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARTIN LEITER 160 N.W. 176 ST Room #403 MIAMI, FL 33169		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 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	P, T, D	1.1 TITLE	VP
NAME	PEREZ, GEORGE	1.2 NAME	HARMON, GARLAND
STREET ADDRESS	160 N.W. 176 ST, Room #403	1.3 STREET ADDRESS	160 N.W. 176 ST, Room 403
CITY-ST-ZIP	MIAMI, FL 33169	1.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VP, S, D	2.1 TITLE	
NAME	LEITER, MARTIN	2.2 NAME	
STREET ADDRESS	160 N.W. 176 ST, Room #403	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	500002110555
NAME	OLESIWICZ, STANLEY	3.2 NAME	-03/11/97--01130--014
STREET ADDRESS	160 N.W. 176 ST, Room #403	3.3 STREET ADDRESS	****660.00 ****165.00
CITY-ST-ZIP	MIAMI, FL 33169	3.4 CITY-ST-ZIP	
TITLE	VP, D	4.1 TITLE	
NAME	LEITER, GEORGE	4.2 NAME	
STREET ADDRESS	160 N.W. 176 ST, Room 403	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	4.4 CITY-ST-ZIP	
TITLE	VP, D	5.1 TITLE	
NAME	CHAVEZ, IRENE	5.2 NAME	
STREET ADDRESS	160 N.W. 176 ST, Room 403	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	HERRINGTON, CLARENCE L.	6.2 NAME	
STREET ADDRESS	160 N.W. 176 ST, Room #403	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	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 if changed, or on an attachment with an address.

SIGNATURE: X _____ DATE: 2/20/97 (305) 652-5733

CR2E034 (9/96)