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Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J47120 (7)
 1. Corporation Name
LEITER, PEREZ & ASSOCIATES, INC.



Principal Place of Business Mailing Address
160 NW 176 ST. RM. 403 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2746730	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEITER, MARTIN 160 N.W. 176 ST. RM. 403 MIAMI FL 33169				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	PTD PEREZ, GEORGE <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, GEORGE	1.2 NAME	GARLAND L. HARMAN
STREET ADDRESS	160 N.W. 176TH ST., RM 403	1.3 STREET ADDRESS	160 N.W. 176 ST. ROOM 403
CITY-ST-ZIP	MIAMI FL 33189	1.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VSD LEIGER, MARTIN <input type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGER, MARTIN	2.2 NAME	LEITER, MARTIN
STREET ADDRESS	160 N.W. 176TH ST., RM 403	2.3 STREET ADDRESS	160 N.W. 176 ST. ROOM 403
CITY-ST-ZIP	MIAMI FL 33189	2.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VP OLESIEWICZ, STANLEY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESIEWICZ, STANLEY	3.2 NAME	
STREET ADDRESS	160 N.W. 176TH ST., RM 403	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	3.4 CITY-ST-ZIP	
TITLE	VPD LEITER, GEOFFREY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITER, GEOFFREY	4.2 NAME	
STREET ADDRESS	160 N.W. 176TH ST., RM 403	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	4.4 CITY-ST-ZIP	
TITLE	VPD CHAVEZ, IRENE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVEZ, IRENE	5.2 NAME	
STREET ADDRESS	160 NW 176 ST, RM 403	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	5.4 CITY-ST-ZIP	
TITLE	VP HERRINGTON, CLARENCE L <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRINGTON, CLARENCE L	6.2 NAME	
STREET ADDRESS	160 NW 176 ST., RM 403	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	6.4 CITY-ST-ZIP	

14. 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: *George L. Perez* **George L. Perez** 1/20/98 (305) 652 5133

CR2E034 (10/97)