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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J91218

1. Corporation Name

LEYBROS INVESTMENTS CORP.

| Principal Place | of Business | Mailing Address | Mailing Address | | | 1 (detitie dite leitet titere titer titer tett ereit eint eint eint eint eint eint |
|--|--|--------------------------------|-----------------|---------------|---|--|
| 6812 N.W. 77TH COURT | | 6812 N.W. 77TH COURT | | | | |
| MIAMI FL 33166 | | MIAMI FL 33166 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed |
| | | | | | | 09/02/1987 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 65-0016393 Not Applicable |
| Suite, Apt. i | #, etc. | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| 22 | _ | | | | | Fee Required |
| City & State |) | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Country | | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 | 30 | 0 | | Personal Property Tax. Yes No |
| - | 9. Name and Address of Current | Registered Agent | | 81 | Name | 10. Name and Address of New Registered Agent |
| MIR | HECTOR J. | | | | | GIRALDO LEYVA |
| | LE JUNE ROAD | 3 | | | Address (P.O. Box Number is Not Acceptable) | |
| | E 1107 | 83 69 | | 69 | 950 N.W. 77TH COURT | |
| | AL GABLES FL 33134 | | | 03 | | |
| 0011 | 20000 | | | 84 | City | 85 Zip Code |
| | | 0 1003 4500 EL 14 OLE | | $\perp \perp$ | | MTAMT FL 33.166 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or botty, in the State of Florida. Such change was authorized by | | | | | he corpor | ration's board of directors. I hereby accept the appointment as registered |
| agent. I ar | m tamiliar with, and accept the obligat | tions of, Section 607.0505, Fl | orida Stat | utes. | | 4/2/99 |
| SIGNATURE Signature voed or printed name of registered agent and title if applicable (NOTE: Registered Agent s | | | | | signature rec | outred when reinstating) DATE |
| 12, | Signature, typed or printed name of registered agent | | 13. | 17gciii | organizate /oq | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DP / | ☐ DELETE | 1,1 TI | TLE | | ☐ Change ☐ Addition |
| NAME | LEYVA, GIRALDO | | 1.2 N | AME | | |
| STREET ADDRESS | 3200 S.W. 128TH AVE. | | 1.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33175 | | 1.4 C | 1.4 CITY-ST- | | |
| TITLE | DV | ☐ DELETE | 2.1 TI | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEYVA, AURELIO AGUSTIN | | 2.2 N | 2.2 NAME | | |
| STREET ADDRESS | 3200 S.W. 128TH AVE. | | 2.3 STREET | | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33175 | | 2. 4 CITY-S | | -ZIP | |
| TITLE | DS | ☐ DELETE | 3.1 T | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEYVA, GIRALDO JR. | | 3.2 NAME | | | |
| STREET ADDRESS | 3200 S.W. 128TH AVENUE | | 3.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33175 | | 3.4. 0 | CITY-ST | -ZIP | |
| TITLE | DT | ☐ DELETE | 4.1 T | ITLE | | ☐ Change ☐ Addition |
| NAME | LEYVA, HILDA | | 4.21 | VAME | | |
| STREET ADDRESS | 3200 S.W. 128TH AVE. | | 4.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 C | ITY-ST | -ZIP | |
| TITLE | | ☐ DELETE | 5,1 T | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 N | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | ITY-ST | -ZIP | |
| TITLE | | ☐ DELETE | 6.1 T | | - | ☐ Change ☐ Addition |
| NAME | | | 6.2 N | AME | | |

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

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 of 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 changes, or on an attachment with an address, with all other like empowered.