

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000037216 (5)

1. Corporation Name

LEONARD/SAKS ENTERPRISES INC.



Principal Place of Business

Mailing Address

465 DE SOTS DR.
MIAMI SPRINGS FL 33166

465 DE SOTS DR.
MIAMI SPRINGS FL 33166

3. Date Incorporated or Qualified

3a. Date of Last Report

05/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For
Not Applicable

261 295129

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEONARD, SANDRA A
465 DE SOTS DR.
MIAMI SPRINGS FL 33166

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 607.002 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P and S DELETE

NAME SANDRA LEONARD
STREET ADDRESS 465 De Soto Drive
CITY-ST-ZIP Miami Springs - FL - 33166

1.1 TITLE P and T Change Addition

1.2 NAME SANDRA LEONARD
1.3 STREET ADDRESS 465 De Soto Drive
1.4 CITY-ST-ZIP Miami Springs - FL - 33166

TITLE V and T DELETE

NAME Carlos Leonard
STREET ADDRESS 465 De Soto Drive
CITY-ST-ZIP Miami Springs - FL - 33166

2.1 TITLE V and S Change Addition

2.2 NAME Carlos Leonard
2.3 STREET ADDRESS 465 De Soto Drive
2.4 CITY-ST-ZIP Miami Springs - FL - 33166

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

Date

Daytime Phone #

(305) 885-5758

CR2E034 (12/95)