

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000085797 (5)**

1. Corporation Name  
**LEOS DRY WALL CORP.**



Principal Place of Business: **14057 SW 160 TERRACE MIAMI FL 33157**  
Mailing Address: **14057 SW 160 TERRACE MIAMI FL 33157**

3. Date Incorporated or Qualified: **11/08/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0627778**  
Applied For:  Not Applicable  
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 s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
**VARGAS, LEONARDO  
14057 SW 160 TERRACE  
MIAMI FL 33157**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: *Leonardo Vargas* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                                       |  |
|-----------------|---------------------------------------|--|
| TITLE           | <b>D</b>                              | <input type="checkbox"/> DELETE            |
| NAME            | <b>VARGAS, LEONARDO</b>               |  |
| STREET ADDRESS  | <b>14057 SW 160 TERRACE</b>           |  |
| CITY - ST - ZIP | <b>MIAMI FL 33157</b>                 |  |
| TITLE           | <b>D</b>                              | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>CAMILO, JUAN A</b>                 |  |
| STREET ADDRESS  | <b>14057 SW 160 TERRACE</b>           |  |
| CITY - ST - ZIP | <b>MIAMI FL 33157</b>                 |  |
| TITLE           | <b>D</b>                              | <input type="checkbox"/> DELETE            |
| NAME            | <b>CAMILO, HECTOR F</b>               |  |
| STREET ADDRESS  | <b>14057 SW 160 TERRACE</b>           |  |
| CITY - ST - ZIP | <b>MIAMI FL 33157</b>                 |  |
| TITLE           | <b>D</b>                              | <input type="checkbox"/> DELETE            |
| NAME            | <b>VARGAS, PLINIO</b>                 |  |
| STREET ADDRESS  | <b>4050 NW 135 ST. BLDG. 9 APT. 5</b> |  |
| CITY - ST - ZIP | <b>OPALOCKA FL 33054</b>              |  |
| TITLE           |                                       | <input type="checkbox"/> DELETE            |
| NAME            |                                       |  |
| STREET ADDRESS  |                                       |  |
| CITY - ST - ZIP |                                       |  |
| TITLE           |                                       | <input type="checkbox"/> DELETE            |
| NAME            |                                       |  |
| STREET ADDRESS  |                                       |  |
| CITY - ST - ZIP |                                       |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

|                    |  |
|--------------------|--|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |  |
| 13 STREET ADDRESS  |  |
| 14 CITY - ST - ZIP |  |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |  |
| 23 STREET ADDRESS  |  |
| 24 CITY - ST - ZIP |  |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |  |
| 33 STREET ADDRESS  |  |
| 34 CITY - ST - ZIP |  |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |  |
| 43 STREET ADDRESS  |  |
| 44 CITY - ST - ZIP |  |
| 51 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME            | <b>D</b>   |
| 53 STREET ADDRESS  | <b>CAMILO, A bad B.</b>  |
| 54 CITY - ST - ZIP | <b>14057 SW 160 TERR. MIAMI, FL. 33157</b>                                   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |  |
| 63 STREET ADDRESS  |  |
| 64 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: *Leonardo Vargas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)