## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 621933

(1)

LEESFIELD, LEIGHTON & RUBIO, P.A.

**FILED** Feb 10 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address					
2350 S DIXIE HIGHWAY MIAMI FL 33133		2350 S DIXIE HIGHWAY MIAMI FL 33133-2314					
					3. Date Incorporated or Qualified 05/15/1979	3a. Date of Last Report 02/08/1996	
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-1907451	Applied For Not Applicable		
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 Cto		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Count	гу	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes	
	g. Name and Address of Curre		<u> </u>		10. Name and Address of New Regi	THE BOOK TO	
I EE	<del></del>		. В	1 Name	IV. Hallie and Addiess of Haw Neg	stolen Whalif	
	SFIELD, IRA H	,	۱,	Name			
	O S DIXIE HIGHWAY		82 Street Ac		Address (P.O. Box Number is Not Acceptable	)	
MIA	MI FL 33133		-				
			8:	3			
			8	4 City		FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute of Florida, Such change was at	s, the about	ve-named o by the corp	corporation submits this statement for the puloration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
SIGNATURE	en lamilar with, and accept the oblig	Jations of, Section 607.0505, Flor	nda Statuti	es.			
40	Signature, typed or printed name of registered ag			gent signature i	required when reinstating)	DATE	
12.	PDST	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
NAME	LEESFIELD, IRA H	L OFTER	1.1 TITLE	1		☐ Change ☐ Addition	
	2350 S DIXIE HIGHWAY		1.2 NAME	- 1			
STREET ADDRESS			1	I ADDRESS			
CITY-\$1-ZIP	MIAMI, FL 00000	- Direct	1.4 C/TY-				
TITLE		LJ DELETE	2.1 TITLE	- 1		☐ Change ☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP		The section	2.4 CITY				
TITLE		DELETE	3.1 TITLE	- 1		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CITY	· ST - ZIP			
TITLE		DETETE	4.1 TITLE	1		Change Addition	
NAME			4. 2 NAME	l l			
STREET ADDRESS			4 3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 C/TY-	ST-7IP			
TITLE		☐ DELETE	5171111			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CHTY-ST-ZIP			5.4 CITY -	S1-ZIP			
TITLE		DELETE	6.1 TITLE	ŀ		Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			64 CHY-	S1-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 Blo