

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

FILED

Feb 17 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 # P97000026087 (1)

1. Corporation Name

DE LEON & DE LEON, P.A.

Principal Place of Business

Mailing Address

~~2 N.E. 40TH STREET~~  
~~SUITE 301~~  
~~MIAMI FL 33137~~

2 N.E. 40TH STREET  
SUITE 301  
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

65-0739063

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 7 NW 2nd STREET

Suite, Apt. #, etc.

22 SUITE 218

City & State

23 MIAMI FLORIDA

Zip

24 33128

Country

25 USA

2a. Mailing Address

26 7 NW 2nd STREET

Suite, Apt. #, etc.

27 SUITE 218

City & State

28 MIAMI FLORIDA

Zip

29 33128

Country

30 USA

9. Name and Address of Current Registered Agent

DELEON, NEIL A

~~2 N.E. 40TH STREET~~

~~SUITE 301~~

~~MIAMI FL 33137~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7 NW 2nd STREET

83 SUITE 218

84 City

MIAMI

FL

85 Zip Code

33128

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

*Neil A. DeLeon*

NEIL A. DELEON

2-11-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DELEON, NEIL A

STREET ADDRESS ~~2 N.E. 40TH ST., SUITE 201~~

CITY - ST - ZIP ~~MIAMI FL 33137~~

TITLE VPSD ☐ DELETE

NAME DELEON, KIRK

STREET ADDRESS ~~2 N.E. 40TH ST., SUITE 201~~

CITY - ST - ZIP ~~MIAMI FL 33137~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

7 NW 2nd STREET SUITE 218

MIAMI, FL 33128

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

7 NW 2nd STREET SUITE 218

MIAMI, FL 33128

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Neil A. DeLeon*

NEIL A. DELEON

2/11/98 1305 374-5494

CP2E034 (10/97)