FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # **403628** **(1)**

1. Corporation Name

LEOVENAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2151 NW 13TH AVENUE MIAMI FL 33142	2151 NW 13TH AVENUE MIAMI FL 33142

3. Date Incorporated or Qualified: **06/21/1972**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-1403135** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROBERT, JULIA
C/O LEOVENAR ENTERPRISES, INC.
2151 NORTHWEST 13 AVENUE
MIAMI FL 33142

10. Name and Address of New Registered Agent

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 607.0502 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 (Signature of new registered agent, if changing) (Name of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	☐ DELETE	1-1 TITLE	☐ Change ☐ Addition
NAME	ZENAIDA, JULIA		1-2 NAME	
STREET ADDRESS	4211 W 7 LANE		1-3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		1-4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2-1 TITLE	☐ Change ☐ Addition
NAME	PARRA, MARTA B.		2-2 NAME	
STREET ADDRESS	2444 COLLINS AVENUE, APARTMENT 814		2-3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		2-4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3-1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, PABLO		3-2 NAME	
STREET ADDRESS	710 W. 43TH PLACE		3-3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 00000		3-4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4-1 TITLE	☐ Change ☐ Addition
NAME	JULIA, ROBERT		4-2 NAME	
STREET ADDRESS	4211 W 7 LN		4-3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		4-4 CITY-ST-ZIP	
TITLE		☐ DELETE	5-1 TITLE	☐ Change ☐ Addition
NAME			5-2 NAME	
STREET ADDRESS			5-3 STREET ADDRESS	
CITY-ST-ZIP			5-4 CITY-ST-ZIP	
TITLE		☐ DELETE	6-1 TITLE	☐ Change ☐ Addition
NAME			6-2 NAME	
STREET ADDRESS			6-3 STREET ADDRESS	
CITY-ST-ZIP			6-4 CITY-ST-ZIP	

400001750724
-03/20/96--01039--009
***200.00

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)(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: Robert Julia Robert Julia 1/22/96 305 324-1623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)