

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

FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 403628

(1)

1. Corporation Name

LEOVENAR ENTERPRISES, INC.

Principal Place of Business

2151 NW 13TH AVENUE  
MIAMI FL 33142

Mailing Address

2151 NW 13TH AVENUE  
MIAMI FL 33142-7746



3. Date Incorporated or Qualified

06/21/1972

3a. Date of Last Report

03/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-1403135

Applied For

Not Applicable

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

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

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, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD ☐ DELETE  
NAME ZENaida, JULIA  
STREET ADDRESS 4211 W 7 LANE  
CITY-ST-ZIP HIALEAH FL

1.1 TITLE Director ☐ Change ☒ Addition  
1.2 NAME DE ARMAS, MARCELINO  
1.3 STREET ADDRESS 7824 Orleans St.  
1.4 CITY-ST-ZIP Miramar FL 33023

TITLE TD ☐ DELETE  
NAME SUAREZ, PABLO  
STREET ADDRESS 710 W. 43TH PLACE  
CITY-ST-ZIP HIALEAH, FL 00000

2.1 TITLE Director ☐ Change ☒ Addition  
2.2 NAME Gomez, CARLOS  
2.3 STREET ADDRESS 215 West 45 St.  
2.4 CITY-ST-ZIP Hialeah FL 33140

TITLE P ☐ DELETE  
NAME JULIA, ROBERT  
STREET ADDRESS 4211 W 7 LN  
CITY-ST-ZIP HIALEAH FL

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 does not qualify for the exemption stated in Section 119.07(3)(j), 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

4/11/97

305 324/623

CR2E034 (9/96)