

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90010 042 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 403628	
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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1972	
21		26		4. FEI Number 59-1403135	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBERT (JULIA) LAST NAME. C/O LEOVENAR ENTERPRISES, INC. 2151 NORTHWEST 13 AVENUE MIAMI FL 33142				81 Name Robert Julia			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 2151 NW 13 Ave			
				84 City Miami FL 85 Zip Code 33142			

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, 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]* DATE **8/25/99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZENAIIDA (JULIA) - LAST NAME			1.2 NAME	Zenaida Julia		
STREET ADDRESS	4211 W 7 LANE			1.3 STREET ADDRESS	4211 W 7 Lane		
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP	Hialeah FL 33012		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUAREZ, PABLO			2.2 NAME			
STREET ADDRESS	710 W. 43TH PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JULIA, ROBERT			3.2 NAME	President / Treasurer ROBERT JULIA		
STREET ADDRESS	4211 W 7 LN			3.3 STREET ADDRESS	4211 W 7 Lane		
CITY-ST-ZIP	HIALEAH FL			3.4 CITY-ST-ZIP	Hialeah FL 33012		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE ARMAS, MARCELINO			4.2 NAME			
STREET ADDRESS	7824 ORLEANS ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33023			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* **8/25/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/99)