

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 423569 (3)**  
1. Corporation Name  
**LEON TALAN, INC.**



Principal Place of Business

**17330 N.W. 7TH AVE  
STE. 100  
MIAMI FL 33169  
US**

2. Principal Place of Business

21 State: **FL**

22 City & State

23 Zip

24 County

25

9. Name and Address of Current Registered Agent

Mailing Address

**17330 N.W. 7TH AVE  
STE. 100  
MIAMI FL 33169  
US**

2a. Mailing Address

26 Sub. Address

27 City & State

28 Zip

29 County

30

3. Date Incorporated or Qualified: **04/16/1973**

3a. Date of Last Report: **02/07/1995**

4. FEIN Number: **59-2338482**

5. Certificate of Status Desired:

6. Election Campaign Financing Trust Fund Contribution:

8. This corporation is liable for intangible tax under s. 193.032, Florida Statutes:  Yes  No

10. Name and Address of New Registered Agent

**TALAN, LEON  
17220 N.W. 7TH AVE., #100  
MIAMI FL 33169**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Section 193.032, Florida Statutes, this corporation hereby certifies that it is a corporation organized under the laws of the State of Florida and that it is in good standing under the laws of the State of Florida. It hereby appoints the undersigned as its registered agent for the purpose of changing its registered office or registered agent 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 filing rules of Section 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

OFFICER	<input type="checkbox"/> DELETED
NAME	<b>P TALAN, LEON</b>
STREET ADDRESS	<b>17330 N.W. 7TH AVE., #100</b>
CITY-STATE	<b>MIAMI FL</b>
TITLE	
NAME	<input type="checkbox"/> DELETED
STREET ADDRESS	
CITY-STATE	
TITLE	
NAME	<input type="checkbox"/> DELETED
STREET ADDRESS	
CITY-STATE	
TITLE	
NAME	<input type="checkbox"/> DELETED
STREET ADDRESS	
CITY-STATE	
TITLE	
NAME	<input type="checkbox"/> DELETED
STREET ADDRESS	
CITY-STATE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.001 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.002 STREET ADDRESS	
13.003 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.004 TITLE	
13.005 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.006 STREET ADDRESS	
13.007 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.008 TITLE	
13.009 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.010 STREET ADDRESS	
13.011 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.012 TITLE	
13.013 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.014 STREET ADDRESS	
13.015 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.016 TITLE	

14. I do hereby certify that the above information was prepared by me or by a duly licensed professional person and that I am a duly licensed professional person in the State of Florida. I further certify that the information on this report is true and correct to the best of my knowledge and belief. I am not aware of any information that would cause me to believe that the information on this report is not true and correct to the best of my knowledge and belief. I am not aware of any information that would cause me to believe that the information on this report is not true and correct to the best of my knowledge and belief. I am not aware of any information that would cause me to believe that the information on this report is not true and correct to the best of my knowledge and belief.

**SIGNATURE: [Signature] Leon TALAN**

8/15/96 305-538-8600

CR2E034 (12/95)