FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State, 97 JUL - 9 PH 1: 19 DIVISION OF CORPORATIONS 1997 DOCUMENT # SECRETARY OF STATE 423569 TALLAHASSER, FLORIDA Leon Talan, INC. Principal Place of Business Mailing Address 7150 W. 20 Avenue #216 Hialeah, FL 33016 same ed or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 2338482 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Ø Yes □ No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) LEON MILAN 7150 W. 20 TH AVE #216 83 HAREAH PZ 33016 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE P/D DELETE 11 TITLE Change Addition LEGON TALAN 800002236628--2 12 NAME NAME -07/11/97--01127--006 7150 W 20 AYE 13 STREET ADDRESS STREET ADDRESS ****165.00 ****165.00 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 31 TITLE ☐ Change Addition

DELETE Addition TITLE 6 I TITLE Change NAME 62 NAME **63 STREET ADDRESS** STREET ADDRESS 64 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)(i). Florida Statutes. I further certify that the information indicated on this 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 certagration of 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 18 in changed or on an attachment with an address.

32 NAME

4.1 THTLE

4. 2 NAME 4.3 STREET ADDRESS

5 1 TITLE

5.2 NAME

44 CITY - ST - ZIP

5.3 STREET ADDRÉSS 54 CITY - ST - ZIP

DELETE

DELETE

3 3 STREET ADDRESS 34 CITY-ST-ZIP

SIGNATURE:

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12.

STREET ADDRESS

STREET ADDRESS

CITY-51-21P

CITY-ST-ZIP

CITY - S' - ZIP

NAME

TITLE

NAME STREET ADDRESS

305 652.6449

Change

Change

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Addition