

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL -9 PM 1:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #
 1. Corporation Name

423569

Leon Talan, INC.

Principal Place of Business

Mailing Address

7150 W. 20 Avenue #216
 Hialeah, FL 33016

same

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

59-2338482

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEON TALAN
 7150 W. 20 TH AVE #216
 HIALEAH FL 33016

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

11 TITLE Change Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE DELETE

21 TITLE Change Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

TITLE DELETE

31 TITLE Change Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE DELETE

41 TITLE Change Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE DELETE

51 TITLE Change Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE DELETE

61 TITLE Change Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

64 CITY - ST - ZIP

TITLE DELETE

71 TITLE Change Addition

NAME

72 NAME

STREET ADDRESS

73 STREET ADDRESS

CITY - ST - ZIP

74 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/97 305 652-6449

CIT 034 (rev)