

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **515170** (9)

1. Corporation Name
LEADING EDGE, INC.



Principal Place of Business: **2245 NW 72ND AVE MIAMI FL 33122 US**
Mailing Address: **2245 NW 72 AVE MIAMI FL 33122 US**

3. Date Incorporated or Qualified 09/27/1976	3a. Date of Last Report 06/28/1995
4. FEI Number 59-1695579	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**BOGAGE, GERALD I.
620 REINANTE
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/26/96**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: P 2. NAME: BOGAGE, GERALD I. 3. STREET ADDRESS: 620 REINANTE 4. CITY-STATE: MIAMI FL <input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: 3. STREET ADDRESS: 4. CITY-STATE: ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2. TITLE: 3. NAME: 4. STREET ADDRESS: 5. CITY-STATE: ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6. TITLE: 7. NAME: 8. STREET ADDRESS: 9. CITY-STATE: ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	10. TITLE: 11. NAME: 12. STREET ADDRESS: 13. CITY-STATE: ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	14. TITLE: 15. NAME: 16. STREET ADDRESS: 17. CITY-STATE: ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this form was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 305-592-9700
DATE: _____ PHONE: _____

CR2E034 (12/95)