

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **600644** (9)

1. Corporation Name
KARL T. LEON, D.D.S. P.A.



Principal Place of Business: **127 N W 12TH AVE MIAMI FL 33128**
 Mailing Address: **127 N W 12TH AVE MIAMI FL 33128**

2. Foreign Place of Business: 21 | 22 | 23 | 24 |
 2a. Mailing Address: 26 | 27 | 28 | 29 | 30 |
 9. Name and Address of Current Registered Agent

**LEON, KARL T.
127 N W 12TH AVE
MIAMI FL 33128**

3. Date Incorporated or Qualified: **12/10/1968**
 3a. Date of Last Report: **01/23/1995**
 4. FEI Number: **59-1225453**
 5. Certificate of Status Desired:
 6. Election Campaign Financing Trust Fund Contribution:
 8. This corporation has liability for intangible tax under s. 193.039, Florida Statutes: Yes No
 10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.02(1)(a) and 607.02(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address listed, 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 Sections 607.02(1)(a), Florida Statutes.

SIGNATURE OFFICERS AND DIRECTORS: 12. NAME, ADDRESS, CITY, STATE, ZIP CODE, TITLE, [] OFFICER [] DIRECTOR
PTD LEON, KARL T. 127 NW 12TH AVE. MIAMI FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 13. NAME, ADDRESS, CITY, STATE, ZIP CODE, TITLE, [] Change [] Addition
 14. NAME, ADDRESS, CITY, STATE, ZIP CODE, TITLE, [] Change [] Addition

14. I hereby certify that the information supplied with this filing is true and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I further certify that the information and address listed in this filing is correct and complete and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 or Part 13 of this report with an address.

SIGNATURE: *Karl T. Leon* **Karl T. Leon** 16 Jan 96 (305) 324 5500

CR2E034 (12/95)