SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:32

DOCUMENT # **643869** **(1)**

1. Corporation Name

LEERO LTD., INC.

Principal Place of Business	Mailing Address
699 TARKILN HILL RD/ P O BOX 5000 NEW BEDFORD MA 02745-0002 US	699 TARKILN HILL RD/ P O BOX 5000 NEW BEDFORD MA 02745-0002 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1979**
3a. Date of Last Report: **02/02/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1949259** ☐ Applied For ☐ Not Applicable
State, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
(24) (25) (29) (30)
7. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BISHINS, LARRY V. **4548 NORTH FEDERAL HIGHWAY** **FORT LAUDERDALE FL 33308**	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 617.1502, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS (Page 2)
TITLE: PD NAME: ROTH, FRED STREET ADDRESS: 4010 GALT OCEAN MILE CITY-ST-ZIP: FT. LAUDERDALE FL	☐ Change ☐ Addition
TITLE: D NAME: ROTH, BRUCE STREET ADDRESS: 4010 GALT OCEAN MILE CITY-ST-ZIP: FT. LAUDERDALE FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: J E Roth 26 JUN 95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (3/95)

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