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

DOCUMENT # 652007

1. Corporation Name

(6)

LEASTER'S ROOTS, INC.

_____,

Mailing Address

12000 W DIXIE HWY NORTH MIAMI FL 33161

Principal Place of Business

12000 W DIXIE HWY NORTH MIAMI FL 33161-6148

FILED Apr 30 1997 8:00am Secretary of State



NOTETH WINNER PE 35101	110	MIN MIN IL VOICE							
						3. Date Incorp 01/11/19	orated or Qualified	3a. Date of Lat 07/15/199	_ ')
2. Principal Place of Business	2a.	2a. Mailing Address				4. FEI Number		'	Applied For
21		26			59-1965	007		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				of Status Desired	7	5 Additional	
22	27					<u></u>		Required	
City & State		City & State			li e	mpaign Financing		DO May Be	
23	28	73:					Contribution		ed to Fees
	Country	Zip		untry			ation has liability for it		er s. 199.032,
24 25	29 Address of Current Regist	ared Ament	30	_		Florida Stat	Address of New Reg	Yes No	
		ered Agent		81	Namé	ty, name and	Address of New Het	distated wheter	
BARNES, LEASTER				51 Name					
12000 W DIXIE HWY				82 Street Address (P.O. Box Number is Not Acceptable)					
NORTH MIAMI FL F	·L			B3					
				84	City			85 2	Zip Code
								FL.	·
 Pursuant to the provisions office or registered agent, agent Larry bubbles with a 	of Sections 607.0502 and 60 or both lin the State of Florid nd accept the obligations of	07,1508, Florida Statut la. Such change was a Section 607,0505, Flo	es, the a authoriza orida Sta	above ed by atutes	named c the corpo	corporation submits the oration's board of dire	is statement for the pi ctors. I hereby accep	urpose of changir at the appointment	ig its registered as registered
SIGNATURE	and name of registrated agent and title						·	DATE	
12.	OFFICERS AND DIREC		13.		nt signature A	equired when reinstating) ADDITIONS	CHANGES TO OFFIC		TORS IN 12
TIPLE PD	OFFICE AND DIREC	DELETE		TITLE	r-	ADDITIONS	CITAINGES TO OTTIC	Chan	
NAME BARNES, LE	ASTER	L		NAME					
STHEET ADDRESS 12000 W DIX					ADDRESS	•			
	ar (11)		- 6		- 1				
OITY ST-ZIE N MIAMI PL		DELETE		CITY - S TIFLE	1 - 214			☐ Chan	ge Addition
1 *	O'TENIA	Las orreit			İ			· Oran	go LJ Abdition
	BARNES, FROZENA 12000 W DIXIE HWY			22 NAME 23 STREET ADDRESS					ŀ
A	IE LIAA I						Inc.		
DITY-ST-ZIP N MIAMI FL		DELETE		CITY - S	51- ZIP	· · · · · · · · · · · · · · · · · · ·		Chan	ae L Addition
		La Deteit						L_1 Gian	Re T Vacation
NAME				NAME					
STREET ADDRESS					ADDRESS				
C(IY - SI - ZIP		DELETE		CITY-S	ST- ZIP			770	
EITEE		DELETE		TITLE				Chan	ge 🔲 Addition
NAME				NAME	- 1				}
STREET ADDRESS			4.3	STREET	ADDRESS				
City-St-7iP			4.41	CITY-S	1-ZIP				
THE		☐ DELÉTE	5.1	TITLE				☐ Chan	ge [_] Addition
NAME			5.2	NAME					
STREET ADDIRESS			5.3	STREET	address				
CHY-\$1-Z0			5.4	CITY-S	T-ZIP				
11116		☐ DELETE	61	TITLE			-2000	☐ Chan	ge Addition
NAME			62	NAME	j				J
STREET AUDRESS			6.3	STREET	ADDRESS				
CITY - \$1 - 7-P				CITY-S					
14. I do hereby cert fy that the	information supplied with th	is filing does not quali				ated in Section 119.07	(3)(i). Florida Statutas	s. I further certify t	hat the

4. I do hereby cert by that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutas. 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 SO TYPED OF PHINTE

NAME OF STANING OFFICER OR DIRECTOR

4/22/97 Date

Daytimu Phone #