

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Skidmore
Secretary of State
(Incorporated in 1969, Chapter 661, F.S.)

**APPROVED
AND
FILED**

95 MAY -1 PM 11:32

DOCUMENT # F51430

(9)

To: Corporation Records

LEON KAPLAN, P.A.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Principal Office Address 19 PALM AVE MIAMI BCH FL 33139		2a. Mailing Address 19 PALM AVE MIAMI BCH FL 33139		3. Date of Incorporation 10/22/1981		3a. Date of First Report 05/01/1994	
2. Principal Office Telephone 305-215-7120		2b. Mailing Address Telephone 305-215-7120		4. Filing Number 59-2157120		Approved Fee \$8.75 Additional Fee Required	
21. State of Incorporation FL		26. State of Mailing Address FL		5. Certificate of Incorporation (Number) 59-2157120		6. Director of Corporate Reporting \$5.00 May Be Added to Fees	
22. State of Principal Office FL		27. State of Mailing Address FL		6. Director of Corporate Reporting \$5.00 May Be Added to Fees		7. This corporation has liability for incorporation fees (Yes/No) Yes	
23. State of Principal Office FL		28. State of Mailing Address FL		8. This corporation has liability for incorporation fees (Yes/No) Yes		9. Name and Address of Current Registered Agent DONOFF, CRAIG, ESQ. 18301 BISCAYNE BLVD., 3RD FLOOR N. MIAMI BEACH FL 33160	
24. State of Principal Office FL		29. State of Mailing Address FL		10. Name and Address of New Registered Agent FL		11. This corporation has liability for incorporation fees (Yes/No) Yes	

9. Name and Address of Current Registered Agent DONOFF, CRAIG, ESQ. 18301 BISCAYNE BLVD., 3RD FLOOR N. MIAMI BEACH FL 33160		10. Name and Address of New Registered Agent FL	
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11. This corporation has liability for incorporation fees (Yes/No) **Yes**

12. DP KAPLAN, LEON 19 PALM AVE MIAMI BCH FL		13. DP KAPLAN, LEON 19 PALM AVE MIAMI BCH FL	
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14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and is true and correct, and that I am not aware of any information that would cause me to believe that the information supplied is false or misleading. I am not aware of any information that would cause me to believe that the information supplied is false or misleading. I am not aware of any information that would cause me to believe that the information supplied is false or misleading.

SIGNATURE: *Leon Kaplan* **LEON KAPLAN, P.A.** **4/1/95** **(305) 538-4588**