

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F51934**

(0)

1. Corporation Name
LETPE. INVESTMENTS INC.

Principal Place of Business

**1498 NW 36TH ST
STE 402
MIAMI FL 33142
US**

Mailing Address

**P O BOX 821113
SOUTH FLORIDA FL 33082-1113
US**



2. Principal Place of Business

21 **(Same as above)**

2a. Mailing Address

26 **(Same as above)**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/23/1981

3a. Date of Last Report

04/25/1996

4. FEI Number

59-2222343

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **(Same)**

82 Street Address (P.O. Box Number is Not Acceptable)

1107 SW 122nd Ave.

83 **Pembroke Pines, FL. 33025**

84 City

FL

85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Arnold Leton, President (Arnold Leton)**

4-24-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **POT** ☐ DELETE
NAME **LETON, ARNALDO**
STREET ADDRESS **640 SW 88 TERR**
CITY- ST- ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Arnold Leton**
1.3 STREET ADDRESS **1107 S.W 122nd Ave.**
1.4 CITY- ST- ZIP **Pembroke Pines, FL. 33025**

2.1 TITLE **Secretary/Vice-President** ☐ Change ☒ Addition
2.2 NAME **Luz S. Leton**
2.3 STREET ADDRESS **10232 SW. 16th Crt.**
2.4 CITY- ST- ZIP **Pembroke Pines, FL. 33025**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Arnold Leton, President (Arnold Leton)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0180732

CR2E034 (9/96)