

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

1498 NW 36TH ST
SUITE 402
MIAMI FL 33142

P O BOX 821113
SOUTH FLORIDA FL 33082-1113
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1981

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 17960 SW 3rd ST
Suite, Apt. #, etc.

26 P.O. Box # 821113
Suite, Apt. #, etc.

23 City & State

28 City & State

24 33029

29 33082-1113

25 Broward

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LETON, ARNOLD
1107 S.W. 122ND AVE
PEMBROKE PINES FL 33025

81 Name

ARNOLD LETON

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

17960 SW 3rd ST

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33025

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

Signature: typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
P
LETON, ARNALDO
1107 S.W. 122ND AVE.
PEMBROKE PINES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

President
ARNOLD LETON
17960 SW 3rd ST
P. PINES FL 33029

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SVP
LETON, LUZ S
10232 S.W. 16TH CT.
PEMBROKE PINES FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

SVP
LUZ S. LETON
4932 NW 92 AVE
SUNRISE FL 33351

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

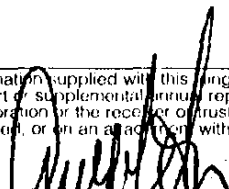
6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I 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 addition with an address

SIGNATURE:



4-10-98

305-222-9404

CR2E034 (10/97)