

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F71783** (7)

1. Corporation Name
LE JEUNE CENTER, INC.



Principal Place of Business: **782 N.W. 42 AVENUE 534 MIAMI FL 33126 US**
Mailing Address: **782 NW 42 AVENUE 534 MIAMI FL 33126 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/04/1982**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2202580**
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

9. Name and Address of Current Registered Agent: **MEMBIELA, JOAQUIN 782 N.W. 42 AVENUE SUITE 534 MIAMI FL 33126**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (Signature, typed or printed name of registered agent, and date of filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SOUSA MACEDO, AGOSTINHO	12. NAME	
STREET ADDRESS	782 NW 42 AVENUE, #534	13. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 00000	14. CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEMBIELA, JOAQUIN	22. NAME	
STREET ADDRESS	782 NW 42 AVENUE, #534	23. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 00000	24. CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, BENIGNO	32. NAME	
STREET ADDRESS	782 NW 42 AVENUE, #534	33. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 00000	34. CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SOUSA MACEDO, J C	42. NAME	
STREET ADDRESS	782 N.W. 42 AVENUE, #534	43. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 00000	44. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ABREU, JOSE QUINTO	52. NAME	
STREET ADDRESS	782 N.W. 42 AVENUE, #534	53. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 00000	54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **JOAQUIN R. MEMBIELA** *Joaquin Membrela* **4/22/96** (305) 446-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E034 (12/95)