

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

**FILED**

**Feb 17 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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 33126-5548  
US**

2. Principal Place of Business

21 **782 N.W. 42nd Avenue**

22 Suite, Apt. #, etc.  
**Suite 430**

23 City & State  
**MIAMI, FL**

24 Zip  
**33126**

Country

2a. Mailing Address

25 **782 N.W. 42nd Avenue**

27 Suite, Apt. #, etc.  
**Suite 430**

28 City & State  
**MIAMI, FL**

29 Zip  
**33126**

Country

3. Date Incorporated or Qualified

**03/04/1982**

3a. Date of Last Report

**04/25/1996**

4. FEI Number

**59-2202580**

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

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 Name

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

**782 N.W. 42nd Avenue**

83

**Suite 430**

84 City

**MIAMI**

**FL**

85 Zip Code

**33126**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CPD** ☐ DELETE  
NAME **DE SOUSA MACEDO, AGOSTINHO**  
STREET ADDRESS **782 NW 42 AVENUE, #534**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **SD** ☐ DELETE  
NAME **MEMBIELA, JOAQUIN**  
STREET ADDRESS **782 NW 42 AVENUE, #534**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **VD** ☐ DELETE  
NAME **PEREZ, BENIGNO**  
STREET ADDRESS **782 NW 42 AVENUE, #534**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **TD** ☐ DELETE  
NAME **DE SOUSA MACEDO, J C**  
STREET ADDRESS **782 N.W. 42 AVENUE, #534**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **D** ☐ DELETE  
NAME **DE ABREU, JOSE QUINTO**  
STREET ADDRESS **782 N.W. 42 AVENUE, #534**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **782 NW 42ND AVENUE #430**  
1.4 CITY-ST-ZIP **MIAMI, FL 33126**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **782 NW 42ND AVENUE #430**  
2.3 STREET ADDRESS **MIAMI, FL 33126**  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **782 NW 42ND AVENUE #430**  
3.4 CITY-ST-ZIP **MIAMI, FL 33126**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **782 NW 42ND AVENUE #430**  
4.4 CITY-ST-ZIP **MIAMI, FL 33126**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **DE ABREU, JOSE QUINTINO**  
5.3 STREET ADDRESS **782 NW 42ND AVENUE #430**  
5.4 CITY-ST-ZIP **MIAMI, FL 33126**

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: JOAQUIN R. MEMBIELA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/1/97 (305) 446-4006**

CR2E034 (9/96)