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**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**

3. Date Incorporated or Qualified
03/04/1982

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

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

2a. Mailing Address

26 **782 N.W. 42nd Avenue**

Suite, Apt. #, etc.

22 **Suite 430**

Suite, Apt. #, etc.

27 **Suite 430**

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

Zip

24 **33126**

Country

Zip

29 **33126**

Country

30

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
5.3 STREET ADDRESS **DE ABREU, JOSE QUINTINO**
5.4 CITY- ST- ZIP **782 NW 42ND AVENUE #430**
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

Joaquin Membela

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

Daytime Phone #

CR2E034 (9/96)