

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G06183 (9)

1. Corporation Name

LEONACHI INCORPORATED

Principal Place of Business

5943 BISCAYNE BLVD.
STE. B
MIAMI FL 33137
US

Mailing Address

317 NE 24TH ST
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1982

3a. Date of Last Report

07/20/1994

4. FEI Number

59-2232368

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

2. Principal Place of Business

21. SAME

2a. Mailing Address

25. 5943 BISCAYNE BLVD.

Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

City & State

23. MIAMI FL

City & State

28. MIAMI FL

Zip

24. 33137

Country

25. USA

Zip

29. 33137

Country

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UJUETA, FRANCISCO
5943 BISCAYNE BLVD.
MIAMI FL 33137

81. Name

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

83.

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

Signature of registered agent or registered agent and the corporation

NOTE: Registered Agent signature required when terminating

(ATTN)

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

UJUETA, JORGE

STREET ADDRESS

317 N.E. 24TH STREET

CITY, ST, ZIP

MIAMI FL

TITLE

TD

NAME

UJUETA, FRANCISCO

STREET ADDRESS

317 N.E. 24TH STREET

CITY, ST, ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or authorized representative 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:

Signature and typed or printed name of working officer or director

3/13/95

751-7088