

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:14

DOCUMENT # G09128

(1)

LEGACY DEVELOPMENT CORP.

DO NOT WRITE IN THIS SPACE

Principal Office Address: 15330 SW 55TH TERR.
MIAMI FL 33185
Mailing Address: 15330 SW 55TH TERR.
MIAMI FL 33185

3. Date incorporated or changed	3a. Date of last report
11/22/1982	02/03/1994
4. FIC Number	Applied Fee Not Applicable
59-2239634	
5. Certificate of Status Expires	\$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 § 199.04, Florida Statutes	☐ Yes ☐ No

2. Principal Office Address	2a. Mailing Address
21. Principal Office Address	26. Mailing Address
22. Principal Office Address	27. Mailing Address
23. Principal Office Address	28. Mailing Address
24. Principal Office Address	29. Mailing Address
25. Principal Office Address	30. Mailing Address

9. Name and Address of Current Registered Agent

SOTOLONGO, ARMANDO O.
15330 SW 55TH TERR.
MIAMI FL 33185

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (if Box Number is Not Applicable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation exists for the purpose of changing its registered office to the address set forth in this report. This change was authorized by the corporation's board of directors. Therefore, and this appointment is required agent of type.

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: SOTOLONGO, ARMANDO O. ADDRESS: 5885 SW 44TH TERR. CITY: MIAMI FL STATE: FL ZIP: 33149	NAME: SOTOLONGO, ARMANDO O. ADDRESS: 5885 SW 44TH TERR. CITY: MIAMI FL STATE: FL ZIP: 33149

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation exists for the purpose of changing its registered office to the address set forth in this report. This change was authorized by the corporation's board of directors. Therefore, and this appointment is required agent of type.

SIGNATURE:

[Signature]

PRINTED NAME OF REGISTERED AGENT