

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

FILED

May 08 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 # J91218 (4)  
1. Corporation Name  
LEYBROS INVESTMENTS CORP.



Principal Place of Business  
6812 N.W. 77TH COURT  
MIAMI FL 33168

Mailing Address  
6812 N.W. 77TH COURT  
MIAMI FL 33166-2713

3. Date Incorporated or Qualified  
09/02/1987

3a. Date of Last Report  
12/17/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0016393

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIRALDO, LEYVA  
3200 S.W. 128TH AVE  
MIAMI FL 33175

81 Name  
HECTOR J. MIR

82 Street Address (P.O. Box Number is Not Acceptable)  
2655 Le Jeune Road

83 Suite 1107

84 City  
Coral Gables, FL

85 Zip Code  
33134

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 *Hector J. Mir* Hector J. Mir 4/30/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | DP                     | <input type="checkbox"/> DELETE |
| NAME           | LEYVA, GIRALDO         |                                 |
| STREET ADDRESS | 3200 S.W. 128TH AVE.   |                                 |
| CITY-ST-ZIP    | MIAMI FL 33175         |                                 |
| TITLE          | DV                     | <input type="checkbox"/> DELETE |
| NAME           | LEYVA, AURELIO AGUSTIN |                                 |
| STREET ADDRESS | 3200 S.W. 128TH AVE.   |                                 |
| CITY-ST-ZIP    | MIAMI FL 33175         |                                 |
| TITLE          | DS                     | <input type="checkbox"/> DELETE |
| NAME           | LEYVA, GIRALDO JR.     |                                 |
| STREET ADDRESS | 3200 S.W. 128TH AVENUE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33175         |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | D/T                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | LEYVA, HILDA         |  |
| 1.3 STREET ADDRESS | 3200 S.W. 128th AVE. |  |
| 1.4 CITY-ST-ZIP    | Miami, FL 33175      |  |
| 2.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                      |  |
| 2.3 STREET ADDRESS |                      |  |
| 2.4 CITY-ST-ZIP    |                      |  |
| 3.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                      |  |
| 3.3 STREET ADDRESS |                      |  |
| 3.4 CITY-ST-ZIP    |                      |  |
| 4.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                      |  |
| 4.3 STREET ADDRESS |                      |  |
| 4.4 CITY-ST-ZIP    |                      |  |
| 5.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                      |  |
| 5.3 STREET ADDRESS |                      |  |
| 5.4 CITY-ST-ZIP    |                      |  |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Giraldo Leyva, Jr.* Giraldo Leyva, Jr. 4/30/97 (305) 477-3322  
Signature typed or printed name of signing officer or director Date Daytime Phone # 0004208

CR2E034 (9/96)