

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K74306

(7)

1. Corporation Name

LEELAND REALTY CORP.



Principal Place of Business

Mailing Address

3850 SW 87TH AVE
SUITE 306
MIAMI FL 33165
US

3850 S W 87TH AVENUE
306
MIAMI FL 33166
US

3. Date Incorporated or Qualified
03/21/1989

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 10361 SW 13th Street

26 10361 SW 13th Street

4. FEI Number

65-0191125

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami FL

27 Miami FL

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami FL

28 Miami FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33174

25 USA

29 33174

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORPORATION
400 SE 2ND STREET
28TH FLOOR
MIAMI FL 33131

81 Name
Gregg S. Truxton, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.

83 Suite 1035

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

Gregg S. Truxton

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BUIGAS, OCTAVIO D.
STREET ADDRESS 3850 S W 87TH AVENUE
CITY-ST-ZIP MIAMI FL ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME CLAVIJO, ANA B.
STREET ADDRESS 8323 NW 12TH STREET #102
CITY-ST-ZIP MIAMI FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana B. Clavijo Vice President

4/30/96

Date of Filing

CR2E034 (12/95)

4/30/96