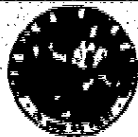


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 24 AM 8:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # K74309 (1)**

1. Corporation Name

**LEEWOOD DEVELOPMENT CORP.**

Principal Place of Business

Mailing Address

~~8227 N.W. 12TH STREET, #102  
SUITE 102  
MIAMI FL 33126-1042~~

**3850 S.W. 87TH AVENUE  
SUITE 305  
MIAMI FL 33165  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/21/1989</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>65-0152424</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

**3850 S.W. 87th Ave**

26

Suite, Apt. #, etc.  
**Suite 305**

27

City & State  
**Miami, Fl**

28

Zip Country  
**33165 US**

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOLANOS, JOSE A. ESQ.  
2121 PONCE DE LEON BLVD.  
SUITE 1035  
CORAL GABLES FL 33134-2218**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>BUGAS, OCTAVIO D.</b>
STREET ADDRESS	<b>3850 SW 87TH AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>DV</b>
NAME	<b>BUGAS, O.J.</b>
STREET ADDRESS	<b>4200 N. LANDINGS DR</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>
TITLE	<b>VAS</b>
NAME	<b>CLAVJO, ANA BUGAS</b>
STREET ADDRESS	<b>3850 SW 87TH AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VST</b>
NAME	<b>CARBALLO, MARTHA</b>
STREET ADDRESS	<b>3850 SW 87TH AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
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 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: *M. Carballo* **MARTHA CARBALLO-SECRETARY** **4/19/95** **(305) 559-5524**