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

CORPORATION ANNUAL REPORT **1995**

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

**APPROVED AND FILED**

95 APR 24 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K87744** **(4)**

1. Corporation Name
**LEELAND MARINA VIEW CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~7000 N.W. 12TH STREET SUITE 100 MIAMI FL 33126~~ | 3850 S W 87TH AVENUE 305 MIAMI FL 33165 US |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 05/12/1989 | 04/27/1994 |

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For / Not Applicable |
|---|---|---|---|
| 21 3850 S.W. 87th Ave. | 26 | 65-0132987 | |
| Suite, Apt. #, etc. 22 Suite 305 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State 23 Miami, Fl | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip 24 33165 / County 25 US | Zip 29 / County 30 | 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 |
|---|---|
| BOLANOS, JOSE A.<br>2121 PONCE DE LEON BLOULEVARD<br>SUITE 1035<br>CORAL GABLES FL 33134-2218 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | V/D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BUIGAS, O.J. | 1.2 NAME | |
| STREET ADDRESS | 4200 N. LANDING DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 1.4 CITY-ST-ZIP | |
| TITLE | DP | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BUIGAS, OCTAVIO D. | 2.2 NAME | |
| STREET ADDRESS | 3850 S W 87TH AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | CLAVIJO, ANA B. | 3.2 NAME | |
| STREET ADDRESS | 3850 S W 87TH AVENUE | 3.3. STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | V/T | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | CARBALLO, MARTHA | 4.2 NAME | |
| STREET ADDRESS | 3850 S W 87TH AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | S | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | CARBALLO, MARTHA | 5.2 NAME | |
| STREET ADDRESS | 3850 S W 87TH AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** Carballo 4/19/95 (305) 559-5524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTHA CARBALLO-SECRETARY

0430041 FP