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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K 95447

LEONARD RESEARCH & DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1280 S.ALHAMBRA CIRCLE Suite 1306

1280 S.ALHAMBRA CIRCLE

Suite 1306

CORAL GABLES, FL 33146-3129 CORAL GABLES, FL

DO NOT WRITE IN THIS SPACE

**FILED** 

Apr 29 1998 8:00am

Secretary of State

33146-3129 CORAL GABLES, FL 33146-3129				3. Date incorporated or Qualified 06/14/89		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
334 Alesio Avenue 26 334 Alesio A			Av	enue	65-0162080 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State Coral Gables, FL			Election Campaign Financing \$5.00 May Be	
[20]			<del>,</del>		Trust Fund Contribution	
Zip	Country	Zip	Cou	-	This corporation owes or has paid the current year Intangible	
24 33134			30	USA		
9. Name and Address of Current Registered Agent				81 Name	10. Name and Address of New Registered Agent	
LEONARD, EMILIO M.				81 Name	LEONARD, EMILIO M.	
1280 S.ALHAMBRA CIRCLE				82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES, FL 33146-3129					334 ALESIO AVENUE	
				83		
				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 Signature: typed or profiled name of registered approlated takent approaches (NOTE Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D.	☐ DELETÉ	111	LE	D Change Addition	
NAME	LEONARD, EMILIO		1.2 N/	ME	LEONARD, EMILIO M.	
STREET ADDRESS	1280 S.ALHAMBRA	CIRCLE	1.3 \$1	REET ADDRESS	334 ALESIO AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL		1 4 CI	Y-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ DELETE	2 1 1)	LE	☐ Change ☐ Addition	
NAME			2.2 N	ME		
STREET ADDRESS			2351	REE1 ADDRESS		
CITY-ST-ZIP	 		2.4 C	TY-ST-ZIP		
TITLE		DELETE	3 1 TI	LE	☐ Change ☐ Addition	
NAME			3 2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4 C	TY-ST-7IP		
TITLE		DELETE	4.1 Til	LE	☐ Change ☐ Addition	
NAME			4. 2 N	ME		
STREET ADDRESS			4.3 ST	reet address		
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP		
TITLE		DELETE	5.1 117	LE	Stylige Applition	
NAME			5.2 NA	ME	1/6/1/	

14. Thereby certify that the information supplied with this filling 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 trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of charget I or on an attention of the receiver or trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of charget I or on an attention of the receiver of trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5 3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 City - St- ZiP

6 1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

EMILIO M. LEONARD

4/23/98

\*\*\*150.00

-04/29/98--01073--018

(305)569-0173