

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

95 JUL -5 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L42747 (0)**  
1. Corporation Name  
**LEONOR, INC.**

Principal Place of Business      Mailing Address  
**3411 MAIN HIGHWAY  
COCOANUT GROVE FL 33133-5915**      **3411 MAIN HIGHWAY  
COCOANUT GROVE FL 33133-5915**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/08/1990</b>	3a. Date of Last Report <b>06/20/1994</b>
21		26		4. FEI Number <b>65-0168393</b>	Applied For Not Applicable
22. Sute, Apt #, etc		27. Sute, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. County	25. Zip	29. County	30. Zip	6. This corporation has liability for a nonpayment under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GREENFIELD, SCOTT ESQUIRE 930 WASHINGTON AVENUE, 2ND FLOOR MIAMI BEACH FL FL 33139</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of officer or director of corporation and the registered agent      Registered Agent signature required after recording      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENFIELD, RUTH A</b>	12 NAME	
STREET ADDRESS	<b>2994 MCFARLAND ROAD</b>	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	<b>COCONUT GROVE FL 33133</b>	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		64 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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]* \_\_\_\_\_ *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      INITIALES

CR2E034 (3/95)