

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 MAY 16 AM 8:15****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # L48300 (2)**

1. Corporation Name

NORTHLEA CORPORATION

Principal Place of Business

**7907 NW 53RD STREET
SUITE 229
MIAMI FL 33166**

Mailing Address

**7907 NW 53RD STREET
SUITE 229
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1990

3a. Date of Last Report

03/21/1994

4. FEI Number

65-0170784

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21 7715 N.W. 56 Street

Suite, Apt. #, etc.

**22 City & State
23 Miami, Florida**

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 7715 N.W. 56 Street

Suite, Apt. #, etc.

**27 City & State
28 Miami, Florida**

Zip

29 33166

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**HECHTMAN, BARRY I.
8900 SW 107 AVE.
MIAMI FL 33176-1451**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 the 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 printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when reappointing

(N/A)

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME ORCHARD, CARLOS
STREET ADDRESS 1245 THRUSH AVENUE
CITY - ST - ZIP MIAMI SPRINGS FL****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(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

5/11/95 905 477-7135