

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

FILED

**May 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L48300 (2)

1. Corporation Name
NORTHLEA CORPORATION



Principal Place of Business 7715 NW 56TH STREET MIAMI FL 33166 US	Mailing Address 7715 NW. 56TH STREET MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1781 NW 79th Avenue Suite, Apt. #, etc.	26 1781 NW 79th Avenue Suite, Apt. #, etc.
22 City & State Miami, FL	27 City & State Miami, FL
23 Zip 33126 Country	28 Zip 33126 Country
24	29

3. Date Incorporated or Qualified 02/01/1990	
4. FEI Number 65-0170784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HECHTMAN, BARRY I. 8900 SW 107 AVE. MIAMI FL 33176-1451		81 Name Parker, Clayton E.	
		82 Street Address (P.O. Box Number is Not Acceptable) 201 South Biscayne Blvd., #2000,	
		83	
		84 City Miami	85 Zip Code FL 33131

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 *Clayton E. Parker* DATE **4/24/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORCHARD, CARLOS		1.2 NAME	
STREET ADDRESS 1245 THRUSH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Clements, John	
STREET ADDRESS		2.3 STREET ADDRESS 527 W 46th St.,	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Miami Beach, FL 33140	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Clements, William G.	
STREET ADDRESS		3.3 STREET ADDRESS 9380 SW 108 St.,	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Miami, FL	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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 attached sheet with an address.

SIGNATURE *John Clements* DATE **4/27/98**

CR2E034 (10/97)