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 25 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L49139 (3)

1. Corporation Name
LEELAND PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O SOUTHEAST GROUP CORP 8323 NW 72ND STREET SUITE 102 MIAMI FL 33126	3850 S W 87TH AVE 305 MIAMI FL 33165 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1990
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 3850 S.W. 87th Ave
Suite, Apt. #, etc.
22 Suite 305
City & State
23 Miami, Fl
Zip 24 33165 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0180663 ☐ 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

9. Name and Address of Current Registered Agent

BOLANOS, JOSE A.
2121 PONCE DE LEON BLVD
SUITE 1035
CORAL GABLES FL 33134

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 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	DP	1.1 TITLE	Vice President/Asst.Secretary	☐ Change ☒ Addition
NAME	BUIGAS, OCTAVIO.	1.2 NAME	ELENA R. BUIGAS	
STREET ADDRESS	3850 S W 87TH AVENUE	1.3 STREET ADDRESS	3850 S W 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL	
TITLE	VST	2.1 TITLE		☐ Change ☐ Addition
NAME	CARBALLO, MARTHA	2.2 NAME		
STREET ADDRESS	3850 S W 87TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	~~V~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~BUIGAS, O.J.~~	3.2 NAME		
STREET ADDRESS	~~4200 NORTH LANDINGS DR~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~FORT MYERS FL~~	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	CLAVIJO, ANA BUIGAS	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		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 attachment with an address.

SIGNATURE: Carballo 4/19/95 (305)559-5524
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTHA CARBALLO-SECRETARY

0170482 CP