FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 (1)DOCUMENT # 1. Corporation Name

FILED May 27 1998 8:00am Secretary of State

	LEANING SERVICE CORPO	Marling Address		
•	e of Business	•	DEET	
7901 N.W. 2ND STREET Miami Fl 33126		7901 N.W. 2ND STR MIAMI FL 33126	4EE I	
US	NOTE OF	US		DO NOT WRITE IN THIS SPACE
1				3. Date Incorporated or Qualified
		, . <u> </u>		04/05/1990
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0189155 Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
22		City & State		
City & Stat	lo .			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28 Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes XNo
24	Name and Address of Curre		30	10. Name and Address of New Registered Agent
	/AZQUEZ, JAIME		81 Name	
	7801 NW 2 ST			A Address (D.O. Day, Murchag in No. Accounts in No.
	MAMI FL 33126		82 Street	Address (P.O. Box Number is Not Acceptable)
, n	MPAMI FL 33120		83	
			84 City	FL 85 Zip Code
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508. Horida Sta e of Florida Such change w	atutes, the above named as authorized by the cor	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
	am tamilar wan, and accept the orm	gations or, violation our poor	, Florida Galdies.	
SIGNATURE	Signature, typed or priored name of registered a	je ni vest title il apple able	(NOTE Registered Agent signatur	re required when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 THLE	☐ Change ☐ Addition
NAME	VAZQUEZ, JAMIE R.		1.2 NAME	
STREET ADDRESS	7901 N.W. 2ND STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	VAZQUEZ, MARIA C.		2.2 NAME	
STREET ADDRESS	7901 N.W. 2ND STREET		2 3 STREET ADDRESS	r tight and the second of the
CITY-ST-ZIP	MIAMI FL		2. 4 CITY+ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3 2 NAMÉ	
STREET ADDRESS			3.3 STREET ADDRESS	,
CITY-ST-ZIP			3.4. CITY- ST- ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME	1		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	Observe T Addition
TITLE		☐ DELETE		Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	: I
			B.S STREET ADDRESS	' 1
CITY-ST-ZIP			6.4 CITY-ST-ZIP	start in Section 119.07/31(i) Florida Statutes I further certify that the information

ming does not quality for the exemption stated in Section 119.07(3)(i), Florida statutes. Further certify that the informatic al report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an _tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this armual report or so officer or director of the corporation Block 12 or Block 13 if changed or