

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # L63948 (8)**

95 FEB -3 AM 9:43

1. Corporation Name  
**LEON PRODUCTIONS, INC.**

Principal Place of Business      Mailing Address  
**8258 N.W. S. RIVER DR.  
MEDLEY FL 33166**                      **8258 N.W. S. RIVER DR.  
MEDLEY FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/04/1990**                                      **03/22/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
22      27  
City & State                                      City & State  
23      28  
Zip                      Country                      Zip                      Country  
24      25                      29      30

4. FEI Number                      Applied For  
**65-0186761**                      Net Applicable  
5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution                      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      10. Name and Address of New Registered Agent

**LEON, MERCEDES  
1411 GOLF VIEW DR. EAST  
PEMBROKE PINES FL 33026**

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 607.1509, 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      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEON, JULIO C.</b>	1.2 NAME	
STREET ADDRESS	<b>1411 GOLF VIEW DR. EAST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEON, CARMEN G.</b>	2.2 NAME	
STREET ADDRESS	<b>1411 GOLF VIEW DR. EAST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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)(a), 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: *Julio C. Leon*      **1-30-95**      **305-8876634**  
(Typed Name)      (Date)      (Telephone Number)