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

27

City & State

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	M02179
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(3)

MISS LEO, INC.

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City & State

Principal Place of Business Mailing Address 1661 JAMES AVE. 1661 JAMES AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-3114 3a, Date of Last Report 3. Date Incorporated or Qualified 06/26/1984 02/29/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 59-2424661 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired

23 28 **Trust Fund Contribution** Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent ACOSTA, LEOPOLDINA **B1** Name 650 SW 44 PL 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33134** 83

City 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.

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SIGNATURE Signature, typed or printed name of registered agent and tice if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE 1.1 TITLE Change TITLE ACOSTA, LEOPOLDINA NAME 1.2 NAME 1661 JAMES AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CHY-ST-Zif 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CHY-ST-74 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS DITY-ST-ZIF 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE 5.1 TITLE Change Addition TITLE NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-702

14. I do 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 attachment with an address.

03-23-97 305-531 1477

FILED

Apr 01 1997 8:00am

Secretary of State

6. Election Campaign Financing

Applied For

Fee Required

\$5.00 May Be

Not Applicable

(96/6)