

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 10:30

DOCUMENT # **M16956** (8)

1. Corporation Name

LE SPORT AUTO SALES, INC.

Principal Place of Business

**6980 NW 50 ST.
MIAMI FL 33166**

Mailing Address

**6980 NW 50 ST.
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1985

3a. Date of Last Report

07/01/1994

4. FEI Number

58-2542404

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARRASTIA, ARMANDO
820 S.W. 83RD PLACE
MIAMI FL 33174**

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

Armando Arrastia

ARMANDO ARRASTIA

5-26-95

(Signature typed or printed name of registered agent and the corporation)

(Signature typed or printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	ARRASTIA, ARMANDO
STREET ADDRESS	820 SW 83 PLACE
CITY ST ZIP	MIAMI FL
TITLE	STD
NAME	ARRASTIA, VIRGINIA E.
STREET ADDRESS	820 SW 83 PLACE
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 190.07(3)(b), 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:

Armando Arrastia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Printed Name)

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Sandra B. Morham
Secretary of State
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OFFICE OF THE SECRETARY OF STATE

DOCUMENT # **M23477** (6)

1. Corporation Name

FINANCIAL FREEDOM INTERNATIONAL, INC.

Principal Place of Business

4331 N FEDERAL HWY., STE. 309
FT. LAUDERDALE FL 33308

Mailing Address

4331 N FEDERAL HWY., STE. 309
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1985

3a. Date of Last Report

03/30/1994

2. Principal Place of Business

21 2400 E. COMMERCIAL BLVD

2a. Mailing Address

26 2400 E. COMMERCIAL BLVD

Suite, Apt. #, etc

Suite, Apt. #, etc

22 SUITE 618

27 SUITE 618

City & State

City & State

23 FT. LAUDERDALE, FL

28 FT. LAUDERDALE, FL

Zip

Country

Zip

Country

24 33308-4033

25 USA

29 33308-4033

30 USA

4. FEI Number

59-2622336

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 C. 100.010, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTIN, HASEY J.
2500 N. MILITARY TRAIL STE 280
33431 FL 33309

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

(Signature typed or printed name of registered agent and the corporation)

(Signature typed or printed name of registered agent and the corporation)

(Signature typed or printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEMERISE, GARY
STREET ADDRESS	2325 N.E. 28TH ST
CITY, ST, ZIP	LIGHTHOUSE POINT FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change ☒ Addition ☐
1.2 NAME	PD LEMERISE, GARY A.
1.3 STREET ADDRESS	2400 E. COMMERCIAL BLVD., SUITE 618
1.4 CITY, ST, ZIP	FT. LAUDERDALE, FL 33308-4033
2.1 TITLE	Change ☐ Addition ☐
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	Change ☐ Addition ☐
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	Change ☐ Addition ☐
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	Change ☐ Addition ☐
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	Change ☐ Addition ☐
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), Florida Statutes. I further certify that this information indicated on this annual report or supplementary 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 necessary person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an amendment with an address.

SIGNATURE: ☒

Gary A. Lemerise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-95

305-776-7005