

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 3-1996 B- 2420 C

DOCUMENT # M23722 (5)

1. Corporation Name

LEMAT CORPORATION

Principal Place of Business

% ROBERTO LEAL
1561 WEST OCKEECHOBEE ROAD
HIALEAH FL 33010

Mailing Address

% ROBERTO LEAL
1561 WEST OCKEECHOBEE ROAD
HIALEAH FL 33010



3. Date Incorporated or Qualified 11/22/1985 3a. Date of Last Report 04/24/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Roberto Leal	26. Roberto Leal	59-2631957	Not Applicable
22. Suite, Apt. #, etc. 4164 E 4th Ave	27. Suite, Apt. #, etc. 4164 E 4th Ave	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State Hialeah, FL.	28. City & State Hialeah, FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip 33013	25. Country USA	29. Zip 33013	30. Country USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

LEAL, ROBERTO
1561 WEST OCKEECHOBEE RD.
HIALEAH FL 33010

81. Name Masay Ramos
82. Street Address (P.O. Box Number is Not Acceptable) 4164 E 4th Ave NW
83.
84. City Hialeah, FL. FL 85. Zip Code 33013

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 title (if any) (NOTE: Registered Agent signature required when reinstating)

Masay Ramos

3/2/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LEAL, ROBERTO	1.2 NAME	
STREET ADDRESS	5030 WEST 8TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	
NAME	RAMOS, VICTOR	2.2 NAME	
STREET ADDRESS	435 EAST 23RD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33013	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	LEAL, NORA	3.2 NAME	
STREET ADDRESS	5030 WEST 8TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	RAMOS, MADAY	4.2 NAME	
STREET ADDRESS	435 EAST 23RD ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33013	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Masay Ramos

3/2/96

(605) 557-0811

Date

Daytime Phone #

CR2E034 (12/95)