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Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M23722** (5)
1. Corporation Name
LEMAT CORPORATION

Principal Place of Business % ROBERTO LEAL 4164 E 4TH AVE HIALEAH FL 33010 US	Mailing Address % ROBERTO LEAL 4164 E 4TH AVE HIALEAH FL 33010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/22/1985	
				4. FEI Number 59-2631957	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROMOS, MASEY 4164 E 4TH AVE HIALEAH FL 33010		10. Name and Address of New Registered Agent 81 Name Roberto Leal 82 Street Address (P.O. Box Number is Not Acceptable) 4164 E 4th Ave 83 City Hialeah FL 85 Zip Code 33013	
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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, 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 607.0502, Florida Statutes.

SIGNATURE **Roberto Leal** DATE **3/10/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 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, a 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 in an attachment with an address.

SIGNATURE: **Roberto Leal** DATE: **3/10/98** (303) 557-1011

CR2E034 (10/97)