

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90020 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M23722**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/22/1985**

4. FEI Number

**59-2631957**

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

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

**LEAL, ROBERTO**  
**4164 E 4TH AVE**  
**HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name

**Maday Ramos**

82 Street Address (P.O. Box Number is not Acceptable)

**435 E 23RD STREET**

83

84 City

**Hialeah**

**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 607.0508, Florida Statutes.

SIGNATURE **Maday Ramos**  
Signature, typed or printed name of registered agent and title if applicable.

**Maday Ramos**  
(NOTE: Registered Agent signature required when reinstating)

**1/27/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **LEAL, ROBERTO**  
STREET ADDRESS **5030 WEST 8TH AVE.**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VPD** ☐ DELETE  
NAME **RAMOS, VICTOR**  
STREET ADDRESS **435 EAST 23RD STREET**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **SD** ☐ DELETE  
NAME **LEAL, NORA**  
STREET ADDRESS **5030 WEST 8TH AVE.**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **TD** ☐ DELETE  
NAME **RAMOS, MADAY**  
STREET ADDRESS **435 EAST 23RD ST.**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: **Maday Ramos**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/99** **(305) 857-0811**  
Date Daytime Phone #

CR2E034 (11/98)