

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M24794** (3)

1. Corporation Name

LE CUDDLE PROPERTIES, INC.



Principal Place of Business

**12855 SW 136TH AVENUE
SUITE 204
MIAMI FL 33186
US**

Mailing Address

**P.O. BOX 831554
SUITE 204
MIAMI FL 33283-1554
US**

2. Principal Place of Business

2a. Mailing Address

21

25

State, Apt. #, etc.

State, Apt. #, etc.

22

27

Suite 204
City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**GRANVILLE, MARCUS W
12855 SW 136TH AVENUE
SUITE 204
MIAMI FL 33186**

3. Date Incorporated or Qualified
12/18/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2788112

Applied For
Not Application

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

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 607.05(2) 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 of person authorized to file this statement

Signature of person authorized to file this statement

Signature of person authorized to file this statement

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
GRANVILLE, MARCUS W
12855 SW 136TH AVENUE SUITE 204
MIAMI FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: **Marcus W. Granville** **Marcus W. Granville**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96
DATE

305-234-0420
CONTACT PHONE #

CR2E034 (12/95)