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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 02 1998 8:00am Secretary of State

DOCUMENT # M24/94 (3)											
LE CU	DDLE PR	<b>OPERTIES</b>	, INC.								
										an been been bu	EII EIEH (BA)
Principal Plac	o of Busines			Mailing Address					I BABO BABAR BAI	iil birii birii birii bir	
1	36TH AVENUE			P.O. BOX 831554							
SUITE 204		-		MIAMI FL 33283-1554							
MIAMI FL 33186				U\$				DO NOT WRITE IN THIS SPACE			
00							3.	Date Incorporated or Qualifie 12/18/1985	d		
2. Principal P	Place of Busin	ness		2a. Mailing Address			4.	FEt Number	<del></del> ,		pplied For
21 12821	SW 1	4 STRE	ET	26				59-2788112		<b> </b>	ot Applicable
Suite, Apt.	#, etc.			Suite, Apt #, etc.			5.	Certificate of Status Desired	×	\$8.75	Additional
City & State				City & State				Floation Compaign Financias			equired
23 MIAMI	FL			28			0.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip		Country		Zip	Count	ry	8.	This corporation owes or has	paid the cu		
24 33184	84  25  USA			[29]   30				Personal Properly Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent GRANVILLE, MARCUS W								Name and Address of New I	Hegistered	Agent	
12855 SW 136TH AVENUE						1 Name				<u> </u>	
	JITE 204		-					O. Box Number is Not Accept  1 14 STREET	table)		
MIAMI FL 33186						3 2.0	DZI SW	/ 14 STREET			
					8	4 City					0-1-
Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes office or registered agent, or both, in the State of Florida. Such change was autagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.							TMATN		FL	<b>85</b> Zip i	Code 3194
11. Pursuant	to the provis registered ac	ions of Section ent. or both, it	ns 607.0502 a nithe State of	nd 607.1508, Florida St Florida, Such change w	atutes, the abo	ve-named	d corporation	n submits this statement for the	purpose o	of changing if	ts registered
agent. I a	ım tamiliar wi	ith, and accep	t the obligatio	ns of, Section 607.0505	, Florida Statut	os.	porations	oard or directors. Thereby acc	epi ine ap	/- a	regisiered
SIGNATURE	" Jucus	W. Xha	nvelle						3/26/	198	
12.	sugremente (y) and		ICERS AND L		(NOTE: Registered A	gent signature		reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIBECTOR	RS IN 12
TITLE	D			DELETE					1021107111	Change	Addition
NAME GRANVILLE, MARCUS W				1.2 NAME							
STREET ADDRESS 12855 SW 136TH AVENUE				SUITE 204		1.3 STREET ADDRESS 1		1 SW 14 STREE	${f T}$		
CITY-ST-ZIP	MIAMI F	`L			1.4 CITY		MIAM	I FL 33184			
TITLE				DELETE	2.1 TITLE					L Change	Addition
NAME STREET ADDRESS					2.2 NAME 2.3 STREET ADDRESS						
CITY-ST-ZIP						-					
TITLE	···· <del>-</del>	DELETE		2.4 CITY-ST-ZIP 3.1 TITLE			<del></del>	Change	Addition		
NAME					3.2 NAME			•			
STREET ADDRESS					3.3 STREE	T ADDRESS	1				
CITY-ST-ZIP					3.4. CITY	-ST-7IP					
TITLE				☐ DELETE	4 1 TITLE					Change	Addition
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STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP TITLE	··· <del>-</del> ··			☐ DELETE	4.4 CITY -					Channe	Addition
NAME					5.1 TITLE 5.2 NAME					Change	Addition
STREET ADDRESS						T ADDRESS					ļ
CITY-ST-ZIP					5.4 CHY-						
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME					-	
STREET ADORESS					6.3 STREE	T ADDRESS					
CITY-ST-ZIP	- 12f - 11 - 1 - 12				6.4 CITY -	ST - ZIP	L				

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

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