

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

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**Feb 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # M35769 (2)**  
1. Corporation Name  
**LE JEUNE CENTER HOLDING CORPORATION**



Principal Place of Business: 782 N.W. 42 AVENUE 534 MIAMI FL 33126 US  
Mailing Address: 782 N.W. 42 AVENUE 534 MIAMI FL 33126-5548 US

3. Date Incorporated or Qualified: 07/25/1986  
3a. Date of Last Report: 04/25/1996  
4. FEI Number: 65-0058975  
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

2. Principal Place of Business: 782 N.W. 42nd Avenue, Suite 430, MIAMI, FL 33126  
2a. Mailing Address: 782 N.W. 42nd Avenue, Suite 430, MIAMI, FL 33126

9. Name and Address of Current Registered Agent: MEMBIELA, JOAQUIN R. 782 NW 42ND AVENUE SUITE 534 MIAMI FL 33126  
10. Name and Address of New Registered Agent: Suite 430, MIAMI, FL 33126

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	MEMBIELA, JOAQUIN R. 782 N.W. 42 AVENUE, #534 MIAMI FL	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: CPD	DE SOUSA MACEDO, AGOSTIN 782 NW 42 AVENUE, #534 MIAMI FL	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: VD	PEREZ CONCEPCION, BENIGN 782 NW 42 AVENUE, #534 MIAMI FL	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: TD	DE SOUSA MACEDO, JOAO 782 NW 42 AVENUE, #534 MIAMI FL	4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: D	DE ABREU, JOSE QUINTINO 782 NW 42 AVENUE, #534 MIAMI, LF	5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: D	DE SOUSA, MANUEL MENDEZ 782 NW 42 AVENUE, #534 MIAMI FL	6.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>

14. I do 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.

SIGNATURE: JOAQUIN R. MEMBIELA (305) 446-4006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)