

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

**FILED**

**Apr 27 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # M35769 (2)**

**1. Corporation Name LE JEUNE CENTER HOLDING CORPORATION**



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
782 N.W. 42 AVENUE  
STE 430  
MIAMI FL 33126  
US

**Mailing Address**  
782 N.W. 42 AVENUE  
STE 430  
MIAMI FL 33126  
US

**3. Date Incorporated or Qualified**  
07/25/1986

**4. FEI Number**  
61-0058975

**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 owes or has paid the current year Intangible Personal Property Tax due June 30.**  Yes  No

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country **30**

**9. Name and Address of Current Registered Agent**

**MEMBIELA, JOAQUIN R.**  
782 NW 42ND AVENUE  
STE 430  
MIAMI FL 33126

**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 607.0502 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**

DELETE

**1.1 TITLE**  
SD  
**MEMBIELA, JOAQUIN R.**  
782 N.W. 42ND AVE., #430  
MIAMI FL

**1.2 NAME**  
CPD  
**DE SOUSA MACEDO, AGOSTIN**  
782 N.W. 42ND AVE., #430  
MIAMI FL

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE**  
VD  
**PEREZ CONCEPCION, BENIGN**  
782 N.W. 42ND AVE., #430  
MIAMI FL

**2.2 NAME**  
TD  
**DE SOUSA MACEDO, JOAO**  
782 N.W. 42ND AVE., #430  
MIAMI FL

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE**  
D  
**DE ABREU, JOSE QUINTINO**  
782 N.W. 42ND AVE., #430  
MIAMI, LF

**3.2 NAME**  
D  
**DE SOUSA, MANUEL MENDEZ**  
782 N.W. 42ND AVE., #430  
MIAMI FL

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

**1.1 TITLE**

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

Change  Addition

**2.1 TITLE**

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

Change  Addition

**3.1 TITLE**

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

Change  Addition

**4.1 TITLE**

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

Change  Addition

**5.1 TITLE**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

Change  Addition

**6.1 TITLE**

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY-ST-ZIP**

Change  Addition

**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.**

**SIGNATURE** *Joaquin R. Membiela* *Joaquin Membiela* *4/20/98* (305) 446-4006

CR2E034 (10/97)