

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M46988** (5)

1. Corporation Name
LEOR ENTERPRISES INC.



Principal Place of Business: ~~C/O LEANDRO O. TRUJILLO 1818 W. FLAGLER ST. MIAMI FL 33139~~
Mailing Address: **C/O LEANDRO O. TRUJILLO 650 NW 43RD AVE MIAMI FL 33126 US**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **02/23/1987**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **59-2778793**
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

9. Name and Address of Current Registered Agent: **TRUJILLO, LEANDRO O. 650 NW 43RD AVE 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; 85 Zip Code

11. Pursuant to the provisions of Section 607.04(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 607.0406, Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE: PD | TRUJILLO, LEANDRO O. 5401 COLLINS AVE., APT. 1234 MIAMI BEACH FL | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.073(j)(6), 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 registered agent 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 change) or on an attachment with an address.

SIGNATURE: *Leandro O. Trujillo* **LEANDRO O. TRUJILLO PRESIDENT** 4-8-96 305-4487500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)