

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 # **P92000010093 (2)**

1. Corporation Name
LEONARDO F. BRITO, P.A.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
2600 S.W. 3RD AVE. SUITE 301 MIAMI FL 33129 US		2600 S.W. 3RD AVE. SUITE 301 MIAMI FL 33129 US		12/08/1992	04/25/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable		
21	26	65-0370657			
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24	25	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRITO, LEONARDO F 2600 S.W. 3RD AVENUE, SUITE 301 COCONUT GROVE MIAMI FL 33129		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0105, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PDS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BRITO, LEONARDO F	2. NAME	
3. STREET ADDRESS	6835 S.W. 45 LANE, UNIT #1	3. STREET ADDRESS	
4. CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		9. TITLE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, 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 officer 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 and changed, if so, on an attachment, with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (305) 806-9450
Date Digitized Phoenix

CR2E034 (12/95)