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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

... 1999 DOCUMENT # P93000015245

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90081 015 ***150.00

I. LEON & ASSOC., INC.			
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Principal Place of Business	Mailing Address		I MANINEN INA NAMAN ARAW ARAW ARAW ARAW ANAKA MANINEN ANAKA ANAKA ANAKA MANINEN ANAKA ANAKA ANAKA ANAKA
15121 SW 150 AVE.	15121 SW 150 AVE.		
MIAMI_FL 33196	MIAMI FL 33196		
1 1 (11.20)			DO NOT WRITE IN THIS SPACE
Principal Place of Business			02/25/1993
□ 1別44日	2a. Mailing Address		4 FEI Mussler
Suite, Apt. #. etc.	26		65-0391774 Applied For
22	Suite, Apt. #, etc.		Пистерисане
City & State	27		5. Certificate of Status Desired
23	City & State		
Zip Country	Zip		Trust Fund Contribution S5.00 May Be Added to Fees
24 25	29	Country	8. This corporation owes the current year Intangible
9. Name and Address of C	Urrent Registered Agent	30	Personal Property Tax.
F + 411		81 Name	10. Name and Address of New Registered Agent
LEON, ISMAEL		81 Name	
15121 SW 150 AVE.	4	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
MIAMI FL 33196		<u> </u>	
		83	大大学 (1) Ann All Con 1967 (1) Ann All Con 1967 (1)
		84 City	——————————————————————————————————————
1. Pursuant to the provisions of Sections 603	7.0502 and 607.4500	1 1	F 85 Zio Code
Office of registered	.uouz and 607.1508. Florida Statu	tes the above named and	
office of registered agent, or both, in the S	State of Florida, Such change was	authorized by the second	rporation submits this statement for the purpose of changing its registered
• • • • • • • • • • • • • • • • • • • •	State of Florida. Such change was a bligations of, Section 607,0505, Florida.	authorized by the corporatorida Statutes.	rporation submits this statement for the purpose of changing is registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE		orida Statutes.	de appointment as registered:
SIGNATURE Signature, typed or printed name of registere	d agent and title if applicable. (NOT)	authorized by the corporal orida Statutes.	od uto could
SIGNATURE SIgnature, typed or printed name of registere 2. 1	d agent and title if applicable. (NOTI	E: Registered Agent signature requirements	red when reinstating) DATE 19 19 19 19 19 19 19 19 19 1
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.