

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 FEB 22 AM 9:57

DOCUMENT # P93000050139 (3)

1. Corporation Name
LERAMAR, INC.

Principal Place of Business

**4340 E 10 COURT
HIALEAH FL 33010**

Mailing Address

**4340 E 10 COURT
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0424610	Applied For Not Applicable
5. Certificate of Status Granted ☐	\$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	2a. Mailing Address
21. Suite, Apt., Rm., etc.	26. Suite, Apt., Rm., etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	25. Country
29. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRIANA, JOSE L 4340 E 10TH COURT HIALEAH FL 33010	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

Signature of person appointed to be registered agent and to be accepted as such by the Division of Corporations

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	2. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	3. STREET ADDRESS	
TITLE	NAME	4. CITY - ST - ZIP	
STREET ADDRESS	STREET ADDRESS	5. TITLE	☐ Change ☐ Addition
CITY - ST - ZIP	CITY - ST - ZIP	6. NAME	
TITLE	NAME	7. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	8. CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP	9. TITLE	☐ Change ☐ Addition
TITLE	NAME	10. NAME	
STREET ADDRESS	STREET ADDRESS	11. STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	12. CITY - ST - ZIP	
TITLE	NAME	13. TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	14. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	15. STREET ADDRESS	
TITLE	NAME	16. CITY - ST - ZIP	
STREET ADDRESS	STREET ADDRESS	17. TITLE	☐ Change ☐ Addition
CITY - ST - ZIP	CITY - ST - ZIP	18. NAME	
TITLE	NAME	19. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	20. CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP	21. TITLE	☐ Change ☐ Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information was obtained from the annual report or supplemental annual report or both, and is complete 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 person or persons empowered to execute this report as required by Chapter 100, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *[Signature]*

INITIALS AND TYPED FULL NAME OF SIGNING OFFICER OR DIRECTOR

Jose L. Triana

2-17-95 305-687-8181