

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



Kendra B. McPherson  
Secretary of State  
DIVISION OF CORPORATIONS

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**DOCUMENT # P93000070155 (5)**

1. Corporation Name  
**LERAQ PROPERTIES INC.**

Principal Place of Business      Mailing Address  
**C/O NORTMAN AND BLOOM**      **LOEB, BLOCK AND WACKSMAN**  
**1101 BRICKELL AVENUE STE. 1400**      **505 PARK AVE. 9TH FLOOR**  
**MIAMI FL 33131**      **NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/08/1993**      **05/31/1994**

4. FEI Number      Applied For  
**65-0452779**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

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      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**BLOOM, LEONARD**  
**1101 BRICKELL AVENUE**  
**STE. 1400**  
**MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (last name, first name of registered agent and last 4 digits)      (P.O.) Registered Agent signature required when identifying      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>PAPU, LEON</b>
STREET ADDRESS	<b>1039 KANE CONCOURSE</b>
CITY, ST, ZIP	<b>BAY HARBOR FL</b>
TITLE	<b>DS</b>
NAME	<b>OJALVO, DORTA</b>
STREET ADDRESS	<b>1039 KANE CONCOURSE</b>
CITY, ST, ZIP	<b>BAY HARBOR FL</b>
TITLE	<b>AS</b>
NAME	<b>SELZER, HERBERT M.</b>
STREET ADDRESS	<b>505 PARK AVE</b>
CITY, ST, ZIP	<b>NEW YORK NY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Dorta Ojalvo*      **Dorta Ojalvo, Secretary**      305-865-3676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Telephone Number