

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000008790 (5)**

1. Corporation Name
LEMO PROPERTIES, INC.

Principal Place of Business
**4055 NORTH ANDREWS AVE.
OAKLAND PARK FL 33309**

Mailing Address
**4055 NORTH ANDREWS AVE.
OAKLAND PARK FL 33309**

APPROVED
AND
FILED
95 MAY -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/03/1984** 3a. Date of Last Report

4. FEI Number **65-0575630** Applied For
Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution 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 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip * | Country | Zip | Country |
| 24 | | 29 | |
| | | 30 | |

9. Name and Address of Current Registered Agent
**ZARCO & ASSOCIATES, P.A.
100 SE 2ND STREET
SUITE 2700
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 (typed or printed name) of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------|
| TITLE | PT |
| NAME | CHEDIAK, MOISES |
| STREET ADDRESS | 4055 NORTH ANDREWS AVE. |
| CITY - ST - ZIP | OAKLAND PARK FL 33309 |
| TITLE | VS |
| NAME | BEHAR, LEON |
| STREET ADDRESS | 4055 NORTH ANDREWS AVE. |
| CITY - ST - ZIP | OAKLAND PARK FL 33309 |
| 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 | 600001488096 |
| 14 CITY - ST - ZIP | -05/16/95--01014--001 |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | ****400.00 ****200.00 |
| 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 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, or as an attachment with an address.

SIGNATURE:

4-10-95 (305) 564-2592
Date (typed or printed name)