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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P94000009640 (1)

LETAN INVESTMENTS, INC.



Principal Place	of Business	Mailing Address							Bildi biani bani ila
3899 N.W. 7TH ST. 3899 N.W. 7TH ST.						ļ			
SUITE 218		SUITE 218							
MIAMI FL	33126	MIAMI FL 331	26			3. Date Incorporated or Qualified	13a D	ate of Last F	lanart
						02/07/1994	J 54. D	05/01/1	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	_1	····· <del>·</del> ·	Applied For	
21		26	6			OF 0400040			Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	-1			5. Certificate of Status Desired			Additional
City & State		27					L.J	Fee	Required
23		City & State				6. Election Campaign Financing			О Мау Ве
Zip	Country	Zip Country			Trust Fund Contribution			d to Fees	
24	25	29	‴`)			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes No			
	9. Name and Address of Current		[00]			10. Name and Address of New F		d Agent	
			1	B1	Name			a rigoni.	
	D, EDGAR			F -	Stroot Add	on IP O Boy Number in Not Asset 1			
	N.W. 7TH ST.		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
SUITE			1	83					
MIAMI	FL 33126		<u> </u>	84	City		···	- In-11-5	
					•		F		p Code
SIGNATURE	othe provisions of Sections 607.0502 a id agent, or both, in the State of Florida n, and accept the obligations of, Section	r own rooce, i ronda diatotos	ed by the co	orpo	ration's board	d of directors. I hereby accept the app	pose of c pintment a	nanging its r as registered	egistered office l agent. I am
	Signature, typod or printed harne of regishmod agent and		It: Registered A	ge it	signature required o		DATE		
12.	OFFICERS AND I		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 12
NAME	BUENO, LUZ S	DELETE	1 1 111			Charge Addition			Add tion
STREET ADDRESS	14465 S.W. 96TH TERRACE		1.2 NAME						
CITY-ST-ZIP	MIAMI FL 33186				DDRESS				
TITLE	STD	DELETE	1.4 G/TY		· ZIP		···-		
NAME	BUENO, EDGAR	DITEND EDOAD		2 1 TITLE 2 2 NAME				☐ Change	☐ Addition
STREET ADDRESS	14465 S.W. 96TH TERRACE				DDDECC				
CITY-ST-ZIP	MIAMI FL 33186			2.3 STREET ADDRESS 2.4 CITY - ST- ZIP					
TITLE		DELETE		3. 1 TIPLE				Change	Addition
NAME	<del></del>		· ·	3.2 NAME				C ourning	☐ Vandion
STREET ADDRESS			3 3. STR	EET A	ADDRESS				
CITY-ST-ZIP			3 4 CITY	3 4 CITY-ST-7/P					i
TITLE		DELETE	4. 1 TITL	F.				☐ Change	Addition
NAME			4.2 NAM	E					"
STREET ADDRESS			4.3 STR	E I A	DDRESS				
CITY-ST-ZIP			4.4 CITY		ZIP	*****			
TITLE		☐ DELETE	5. 1 TITL					Change	Addition
NAME STOCKY ADDOCOG			5 2 NAM	f					
STREET ADDRESS			53 STRE	ET AL	DORESS				
CITY-ST-ZIP		FT Britis	5.4 CITY		ZIP	77-1-2	·		
TITLE				. 1 TITLE				Change	Addition
NAME CIRCLI ADDRESS			€ 2 NAM						
STREET ADDRESS			€ 3 STRE		- 1				
CITY-ST-ZIP	podification and the last		6 4 CITY	- ST -	ZIP				

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)(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 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 3 if grianged or o) an attachment with an address.

SIGNATURE:

SIGNATURY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/19/96 (305) 626 5317