FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

LEADING EDGE CONSULTANTS INC.											
Principal Place of Business						Mailing Address					
% ELIANE RUBIN 10604 SW 127 CT					% ELIANE RUBIN 10604 SW 127 CT						DO NOT WRITE IN THIS SPACE
MIAMI FL 33186					MIAMI FL 33186						3. Date Incorporated or Qualified
											03/18/1994
2. Principal f	lace of Busi	ness			2a. Mailing Address						4. FEI Number Applied For
21					26						65-0482549 Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired See Required Fee Required
City & Sta	te				City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country					28 Z _I D Cou			Country	,		7,000 (0) (00)
24	25			1	29 30			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Jane 4		8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No
1	9. Name		Address of	Current Re		ered Agent	100	\neg	10. Name and Address of New Registered Agent		
RU	BIN, ELIAN	E						81	Nam	е	
10604 SW 127 CT MIAMI FL 33186								82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)
								83			
									City		₽ 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the								the above named corne			FL 00 25 0000
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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											ion's board of directors. I hereby accept the appointment as registered
SIGNATURE											
								lored Age 3.	nt signati	ire require:	ed when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D					DELETE					Change Addition
NAME RUBIN, LEE						DELETE 1.1 TO					
STREET ADDRESS 10604 SW 127 CT								3 STREET	ADDRESS	;	
CITY-ST-ZIP MIAMI FL 33186					1			1.4 CITY-ST-ZIP			
TITLE	, v					☐ DELETE 2			2.1 TITLE		Change Addition
NAME	1105.114					2.2 NA					
STREET ADDRESS 10604 SW 127 CT					2.3 \$			3 STAEET	address	;	
CITY-ST-ZIP MIAMI FL 33186								2. 4 CITY - ST - ZIP			
TITLE	D				_			3.1 TITLE			☐ Change ☐ Addition
NAME	Tiponii tiotoci					3.2 N					
STREET ADDRESS 10804 SW 127 CT									ADDRESS		
	CITY-ST-ZIP MIAMI FL 33186					7.55			T-ZIP	.	Change
TITLE						☐ DECEIE		1 TITLE			Change Addition
NAME STREET ADDRESS						4.2 NAN					
STREET ADDRESS							4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE						DELET E	_	1 CHTY-ST 1 TITLE	- 2112	-	☐ Change ☐ Addition
NAME						- DECEM		NAME			Change Addition
\$TREET ADDRESS								STREET A	ልበብጽዩናና		
CITY-ST-ZIP								CITY-ST			
TITLE	-					☐ DELETE	_	I TITLE	E/I	+	☐ Change ☐ Addition
NAME .						 -		NAME			
STREET ADDRESS								STREET	ADDRESS		
CITY-ST-ZIP								CITY-ST			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.