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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000026182 (3)**

1. Corporation Name
LEON GROUP, INC.

000001444930
-03/31/95--01051--009
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2485 SW 21 STREET MIAMI FL 33145-2529	2485 SW 21 STREET MIAMI FL 33145-2529

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7300 Wayne Avenue	26 P.O. Box 414922
Suite, Apt. #, etc. 22 apt 513	Suite, Apt. #, etc. 27
City & State 23 Miami Beach, FL	City & State 28 Miami Beach, FL
Zip / Country 24 33141 / 25 U.S.A.	Zip / Country 29 33141-0922 / 30 U.S.A.

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ — **$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

9. Name and Address of Current Registered Agent

INFANTE, MARIA
2485 SW 21 STREET
MIAMI FL 33145-2529

10. Name and Address of New Registered Agent

81 Name: Olga Corzo
82 Street Address (P.O. Box Number is Not Acceptable): 7300 Wayne Avenue
83: apt 513
84 City: Miami Beach **FL** 85 Zip Code: 33141

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: Olga Corzo — Olga Corzo — 03-08-95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered agent's signature required where applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/V ☐ Change ☒ Addition
NAME	LEON, RICHARDO SR	12 NAME	MARIA INFANTE
STREET ADDRESS	923 PARK MANOR DRIVE	13 STREET ADDRESS	2105 Biddle St
CITY-ST-ZIP	ORLANDO FL 32825	14 CITY-ST-ZIP	Wilmington, DE 19805
TITLE		21 TITLE	D/P ☐ Change ☒ Addition
NAME		22 NAME	ENRIQUE CARRASCO
STREET ADDRESS		23 STREET ADDRESS	10755 S.W. 26th St
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, FL 33165
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	pres. ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	3-28
CITY-ST-ZIP		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)(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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Infante — Maria Infante, Vice President — 3/15/95 — (302) 656-8357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01A032 CR