

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000035599 (7)

1. Corporation Name

THE LEY'S CORPORATION



Principal Place of Business

7501 E TREASURE DR 2T
N BAY VILLAGE FL 33141

Mailing Address

7501 E TREASURE DR 2T
N BAY VILLAGE FL 33141

3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 1666 Kennedy cswy

2a. Mailing Address

26 8305 Crespi Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 102

27 SB

City & State

City & State

23 North Bay Village, FL

28 Miami Beach, FL

Zip

Zip

24 33141

29 33141

Country

Country

25

30

4. FEI Number
65-0491507

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

10. Name and Address of New Registered Agent

CACERES, FLOR DE M
7501 E TREASURE DR 2T
N BAY VILLAGE FL 33141

81 Name

LEY, FLOR DE MARIA

82 Street Address (P.O. Box Number is Not Acceptable)

8305 Crespi Blvd SB

83

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

Signature, typed or printed name of registered agent and title is a liability

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LEY, MANUEL R
STREET ADDRESS 7501 E. TREASURE DR. 2 T
CITY-ST-ZIP NORTH BAY VILLAGE FL

TITLE V
NAME DE MARIA CACERES, FLOR
STREET ADDRESS 7501 E. TREASURE DR. 2T
CITY-ST-ZIP NORTH BAY VILLAGE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME LEY, MANUEL R.
1.3 STREET ADDRESS 8305 Crespi Blvd SB
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

2.1 TITLE V
2.2 NAME LEY, FLOR DE MARIA
2.3 STREET ADDRESS 8305 CRESPI BLVD SB
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLOR DE MARIA

04-20-96

Date

305 865 6462

Daytime Phone

CR2E034 (12/95)