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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000035599 (7)

THE LEY'S CORPORATION Principal Place of Business Mailing Address 1666 KENINEDY CSWY 8305 CRESPI BLVD SUITE 102 N BAY VILLAGE FL 33141 MAIMI BEACH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0491507 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name LEY. FLOR DE MARIA 8305 CRESPI BLVD 58 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BCH FL 33141 83 84 City Zip Code 85 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 nume of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE Addition NAMF LEY, MANUEL R 1.2 NAME STREET ADDRESS 8305 CRESPI BLVD 5B 1.3 STREET ADDRESS MIAMI BCH FL CITY-ST-ZIP 1.4 CHY-ST-ZiP DELETE TITLE ☐ Change Addition 2.1 TITLE LEY, FLOR DE MARIA NAME 2.2 NAME 8305 CRESPI BLVD 5B STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL CITY-\$1-ZIF 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE Change 5 1 TITLE NAME 5.2 NAME

14. Thereby 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 coreiver or trustee emportured 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. FLOR de Maria Ley

64 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

62 NAME 63 STREET ADDRESS

DELETE

SIGNATURE: ___

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Addition

FILED

Apr 24 1998 8:00am

Secretary of State