

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000040691 (5)**  
1. Corporation Name

**LEPANTO INVESTMENTS INC.**



Principal Place of Business: **2898 NW 79TH AVE. MIAMI FL 33122-1053**  
Mailing Address: **2898 NW 79TH AVE. MIAMI FL 33122-1053**

3. Date Incorporated or Qualified: **05/25/1994**  
3a. Date of Last Report: **03/03/1995**  
4. FEI Number: **65-0507693**  
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

2. Principal Place of Business: **7801 N.W. 37th Street**  
2a. Mailing Address: **7801 N.W. 37th Street**  
21. Suite, Apt. #, etc.:  
22. City & State: **MIAMI, FL 33166-6559**  
23. City & State: **MIAMI, FL 33166-6559**  
24. Zip: **33166-6559** Country:  
25. Zip: **33166-6559** Country:

9. Name and Address of Current Registered Agent: **BEFELER, GEORGE  
150 W. FLAGLER ST.  
MUSEUM TOWER, SUITE 2701  
MIAMI FL 33130**  
10. Name and Address of New Registered Agent:  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83:  
84 City: **FL** 85 Zip Code:

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETED	<b>D</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>
NAME: <b>GUZMAN, HECTOR J</b>		1.2 NAME: <b>GUZMAN, HECTOR J.</b>	
STREET ADDRESS: <b>2898 NW 79TH AVE.</b>		1.3 STREET ADDRESS: <b>7801 N.W. 37th Street</b>	
CITY-ST-ZIP: <b>MIAMI FL 33122-1053</b>		1.4 CITY-ST-ZIP: <b>MIAMI, FL 33166-6559</b>	
TITLE: <input type="checkbox"/> DELETED		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETED		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETED		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETED		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETED		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **07/15/96** (305) 592-0839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (3/96)