

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000062329 (5)**

1. Corporation Name
LEADING BRANDS CORP.

Principal Place of Business
**C/O PETER CRUZ
10700 S.W. 116TH AVENUE
MIAMI FL 33176**

Mailing Address
**C/O PETER CRUZ
10700 S.W. 116TH AVENUE
MIAMI FL 33176-3144**

2. Principal Place of Business
21 **15224 SW 140 Street**

Suite, Apt. #, etc.

22 City & State
23 **MIAMI, FL**

24 Zip
33196

25 Country
USA

2a. Mailing Address
26 **15224 S.W. 140 St.**

Suite, Apt. #, etc.

27 City & State
28 **MIAMI, FL**

29 Zip
33196

30 Country
USA

9. Name and Address of Current Registered Agent

**RINDEL, TOM PA
TWO DATRAN CENTER
9130 S. DADELAND BLVD., STE. 1225
MIAMI FL 33156-7849**

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

Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	JD	<input type="checkbox"/> DELETE
NAME	GORDILLO, ENRIQUE	
STREET ADDRESS	8203 SW 85TH TERR.	
CITY- ST- ZIP	MIAMI FL 33146	
TITLE	JD	<input type="checkbox"/> DELETE
NAME	CRUZ, PETER	
STREET ADDRESS	10700 S.W. 116TH AVE.	
CITY- ST- ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15224 SW 140 St
2.4 CITY- ST- ZIP	Miami, FL 33196
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this report 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/26/97

Date

2259-9484

Daytime Phone #

0230183

FILED
Apr 02 1997 8:00am
Secretary of State



CR2E034 (9/96)