

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000069976 (6)

95 JUN 12 AM 9: 09

1. Corporation Name
ALEJANDRO LEONARD, P.A.

Principal Place of Business Mailing Address
**8876 CORAL WAY 8876 CORAL WAY
MIAMI FL 33165 MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/21/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0516540	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEONARD, ALEJANDRO PA 6291 SW 109TH COURT MIAMI FL 33173				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
PD	LEONARD, ALEJANDRO	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6291 SW 109TH COURT	MIAMI FL 33173	13 STREET ADDRESS	
		14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 5/10/95
Signature and typed or printed name of signing officer or director