

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 # P95000077021 (0)

1. Corporation Name

LEOR INVESTMENTS, INC.

FILED

96 NOV 12 AM 9:56

SECRETARY OF STATE

TAI

Principal Place of Business

915 MIDDLE RIVER DRIVE, SUITE 508  
FT. LAUDERDALE FL 33304

Mailing Address

915 MIDDLE RIVER DRIVE, SUITE 508  
FT. LAUDERDALE FL 33304

REINSTATEMENT 96

3. Date Incorporated or Qualified 10/08/1995	3a. Date of Last Report
4. FBI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fee
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

MORATIS, GEORGE R  
915 MIDDLE RIVER DRIVE, SUITE 508  
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 FL	86 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/11/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P/T/S
NAME	BERMAN, ISAAC	1.2 NAME	BERMAN, ISAAC
STREET ADDRESS	P.O. BOX 403755	1.3 STREET ADDRESS	2165 S.W. 47th Street
CITY-ST-ZIP	MIAMI FL 33140	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE		2.1 TITLE	D/VP
NAME		2.2 NAME	Berman, Tamir
STREET ADDRESS		2.3 STREET ADDRESS	2165 S.W. 47 Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE		3.1 TITLE	
NAME		3.2 NAME	700002008517--4
STREET ADDRESS		3.3 STREET ADDRESS	-11/19/96--01144--013
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fee \$375.00
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(b), 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 of this form or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Isaac Berman President

10/11/96

951-903-4113

CR2E034 (12/96)