

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 # P96000020431 (8)

1. Corporation Name  
L/CLEVE, INC.

FILED

97 AUG -1 AM 11:04

SECRETARY OF STATE



Principal Place of Business  
W. ROBERT LEE SHAPIRO, ESQ.  
1645 PALM BEACH LAKES BLVD., SUITE 600  
W. PALM BEACH FL 33401  
700 N. W. 107 Avenue  
Miami, Florida 33172

Mailing Address  
W. ROBERT LEE SHAPIRO, ESQ.  
1645 PALM BEACH LAKES BLVD., SUITE 600  
W. PALM BEACH FL 33401-2216  
700 N. W. 107 Avenue  
Miami, Florida 33172

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
03/05/1996

3a. Date of Last Report

4. FEI Number  
65-0720786

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

9. Name and Address of Current Registered Agent  
SHAPIRO, ROBERT L  
1645 PALM BEACH LAKES BLVD.  
SUITE 600  
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 State

MORRIS J. WATSKY, Esq.  
700 N. W. 107 Avenue  
Miami  
FL 33172

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 resigning.) DATE 4/16/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SHAPIRO, ROBERT L	1645 PALM BEACH LAKES BLVD., SUITE 600	W. PALM BEACH FL 33401	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
CH	Miller, Leonard	700 N. W. 107 Avenue	Miami, Florida 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D	Miller, Stuart A.	700 N. W. 107 Avenue	Miami, Florida 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Secretary/Director	Cole, Robert B.	700 N. W. 107 Avenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Treasurer	Salceda, M. E.	700 N. W. 107 Avenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Financial VP/Director	Pekor, Allan J.	700 N. W. 107 Av	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Miami, Florida 33172		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Santaella, Grace	700 N. W. 107 Avenue	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(ii), 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 4/17/97 (805) 229-6400

CR2E034 (9/96)