Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90107 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000032421

1. Corporation Name

LEACT COLLABEC INC

LEAST 3	QUANES, ING.								
Data de al Dise		Mailing Address							
Principal Place	6125 WEST 20TH AVENUE			,					
6125 WEST 20TH AVENUE 6125 WEST 20TH AVEN 207 207									
HIALEAH FL 33012		HIALEAH FL 33012				DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						04/10/1996	<u>.</u>		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21 26						65-0662580			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	I .
22		27						Fee Re	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	• 1
23	Country	Zip Country					-t vons Inte	Added t	o rees .
Zip	Country Zip Country Zip 30			6. This definition the density year management			□No		
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	3. Haire and Address of Carron	Trogistarios Agont	81	Name			<u> </u>		
TEJE	EDA, MANUEL J PH.D.		-	<u> </u>					
6125 WEST 20TH AVENUE			82	2 Street Address (P.O. Box Number is Not Acceptable)					
207			83						
HIAL	EAH FL 33012			L				T	
			84	City			FL	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes.	the abov	e-named	corpor	ration submits this statement for the p	urpose of a	changing its	registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida, Such change was auth	orized by	the corp	oration	's board of directors, I hereby accept	the appoir	tment as re	gistered
SIGNATURE									
				nt signature i	required v	vhen reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AN	DIRECTO	PS IN 12
12.			13.		ъ.,		CERS AN	(X) Change	Addition
TITLE	TEIEDA, MANUEL J	□ 55 5512	1.2 NAME			esident			_
NAME	1035 W AVE, 501					iel J. Tejeda, Ph.D.			
STREET ADDRESS	MAIMI BCH FL			* 70	D12:	5 W. 20th Ave #207 Leah, FL 33012			ŀ
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-219	ilialeali, IL 33012			Change	Addition
TITLE			2.2 NAME			•			_
NAME				+ 10000000		•	,		İ
STREET ADDRESS	-		•	T ADDRESS	1				}
C/TY-ST-Z/P			2. 4 CITY-5 3.1 TITLE	51- ZP	-			Change	Addition
TITLE		C 0555.0	3.2 NAME						_
NAME				TADDRES\$					
STREET ADDRESS			3.4. CITY-1					-	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-ZIP	1			[] Change	☐ Addition
			4. 2 NAME					_ ,	_
NAME CARCET ADDRESS				TADDRESS					
STREET ADDRESS			4.4 CITY- S						/
CITY-ST-ZIP		DELETE	5.1 TITLE	11-41F	-			[] Change	Addition
			5.2 NAME						_
NAME expect annoces				T ADDRESS					
STREET ADDRESS			5.4 CITY-S						İ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		\vdash			Change	Addition
					1	•			- 1

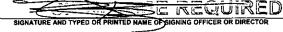
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS



4/6/99

(305) 823-1754