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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90042 050 ***150.00

| DOCUMENT # | P9600004491 | 9 |
|---------------------|-------------|---|
| 1. Corporation Name | . 000000 | _ |

L.E.T. INTERNATIONAL, INC.

| Principal Place of Business | | | | | |
|-----------------------------|--|---------|-----|-----|--|
| 99 NW MIAMI | | STREET. | STE | 237 | |

Mailing Address

99 NW 183RD STREET, STE 237 MIAMI FL 33169

|--|

| MIAMI FL 331 | 69 | MIAM | FL 33169 | | | Ì | DO NOT WRITE IN TH | IIS SPA | CE_ | |
|--------------|--|---------|--------------------|--------|------------|------------|--|----------|-----------|-------------------------------|
| | | | | | | | te Incorporated or Qualifed 5/28/1996 | | | |
| 2. Principal | Place of Business | 2a. M | ailing Address | | | 4. FE | 1 Number 5-0770930 | | | Applied For Not Applicable |
| Suite, Ap | t. #, etc. | | uite, Apt. #, etc. | | | | ertificate of Status Desired | \$ | | 5 Additional Required |
| City & Sta | ate | | ity & State | _, | | | ection Campaign Financing ust Fund Contribution | | • | 00 May Be led to Fees |
| Zip | Country 25 | Z 29 | ip Co | ountry | | Pe | is corporation owes the current year ersonal Property Tax. | | Yes | □No _ |
| 24 | 9. Name and Address of Curr | | | Ĭ., | | 10. Na | ame and Address of New Register | ed Age | <u>nt</u> | - |
| | • | | | 81 | Name | • | | | | |
| | CCOY, JAMES L NW 183RD ST., SUITE 237 | | | 82 | Street Add | ress (P.O. | Box Number is Not Acceptable) | | | |
| | AMI FL 33169 | | | 83 | | | | | | |
| | | | | 84 | City | | <u></u> | | _1_ | Zip Code |
| | | | | | | | the state of the s | a of abo | nain | a ite regietered |

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.

| 2901 | , | | |
|----------------------|--|--------------------------------|---|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature rec | DATE |
| | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DP DELETE | 1.1 TITLE | ☐ Change ☐ Additio |
| | MCCOY, JAMES L | 1.2 NAME | AA 10728 CT CHUTE 734 |
| NAME | | 1.3 STREET ADDRESS | 99 NW 1838D ST., SUITE 237 |
| STREET ADDRESS | 8390 N.W. 53RD ST., SUITE 323 | 1.4 CITY-ST-ZIP | MIAMI FL 33169 |
| CITY-ST-ZIP | MIAMI FL 33166 | 2.1 TITLE | Change Additio |
| TITLE | VP31 | I | |
| NAME | MCCOY, DOUGLAS S | 2.2 NAME | |
| STREET ADDRESS | 8390 N.W. 53RD ST., SUITE 323 | 2.3 STREET ADDRESS | SAME AS A BOUL |
| CITY-ST-ZIP | MIAMI FL 33166 | 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | ☐ DELETE | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE | ☐ DELETE | 4.1 TITLE | Change Addition |
| NAME | | 4. 2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | · |
| 1 | | 4.4 CITY-ST-ZIP | |
| CITY-ST-ZIP TITLE | DELETE | 5.1 TITLE | Change Addition |
| | | 5.2 NAME | |
| NAME | | 5.3 STREET ADDRESS | м. |
| STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | □ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| TITLE | Delese | 62 NAME | |
| NAME | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 1 | 1 | CACITY ST. 7ID | 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.

SIGNATURE

COMPAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-77

305 492-3330

Daytime Phone #