

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000049325 (9)

1. Corporation Name
LEDMAR CORP.



Principal Place of Business
17064 W. DIXIE HWY
N. MIAMI BEACH FL 33160-3732

Mailing Address
17064 W. DIXIE HWY
N. MIAMI BEACH FL 33160-3732

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 17290 NE 19 AVE.
Suite, Apt. #, etc.

22 City & State
No. MIAMI BEACH, FL

23 Zip 33162 Country USA

24 33162 25 USA

2a. Mailing Address

26 17290 NE 19 AVE
Suite, Apt. #, etc.

27 City & State
No. MIAMI BEACH, FL

28 Zip 33162 Country USA

29 33162 30 USA

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0674984

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ALMAN, MARTIN H
17064 W. DIXIE HWY
N. MIAMI BEACH FL 33160-3732

10. Name and Address of New Registered Agent

81 Name ALMAN, MARTIN H.
82 Street Address (P.O. Box Number is Not Acceptable)
17290 NE 19 AVE
83
84 City No. MIAMI BEACH FL 85 Zip Code 33162

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]

MARTIN H. ALMAN

4/19/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME LEDEZMA, HUGO
STREET ADDRESS 17064 W. DIXIE HWY.
CITY-ST-ZIP N. MIAMI BEACH FL 33160-3732

TITLE S
NAME LEDEZMA, ALLISON
STREET ADDRESS 17064 W. DIXIE HWY.
CITY-ST-ZIP N. MIAMI BEACH FL 33160-3732

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 17290 NE 19 AVE
1.4 CITY-ST-ZIP No. MIAMI BEACH, FL 33162

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 17290 NE 19 AVE
2.4 CITY-ST-ZIP No. MIAMI BEACH, FL 33162

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE *[Signature]*

CR2E034 (10/97)