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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P96000056381 (2)

LEAR 31A-1, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							I OTEL O DETAIL DEELE DEEL		4101 1101 1041
5757 BLUE LAGOON DRIVE SUITE 400 MIAMI FL 33126		5757 BLUE LAGO SUITE 400 MIAMI FL 33126				DO NOT WRITE IN THIS SPACE			
		***************************************				3. Date Incorporated or Qualified 06/26/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Api	plied For
21		26				91-1754850		No	t Applicable
Suite, Apt.	#, etc.	State, Apt. #, oto	ate, Apt. #, oto.			5. Certificate of Status Desired	1 1	3.75 A Fee Re	idditional quired
City & State City & S 28			State			Election Campaign Financing Trust Fund Contribution		5.00 to	May Be o Fees
Zip				ntry		8. This corporation owes or has paid the current year Intangible			
24	25					Personal Property Tax due June 30. Yes No			
	o, Name and Address of Current	l Registered Agent		1	- · ·	10. Name and Address of New Re	gistered Agent	1	
	T CORPORATION SYSTEM]	B1	Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82	Street Addres	ddress (P.O. Box Number is Not Acceptable)			
			Ī	83		· · · · · · · · · · · · · · · · · · ·			
				84	City		FL 85	Zip C	ode
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 regional corporation of the purpose of changing its region of the purpose of changing its region of the purpose								registered registered	
SIGNATURE Signature: typical or product name of regionard api of and title of appearable. (NOTE: Bugistered Agent signature required when reinstating) DATE									
12.	OLLICERS AND		13,	~Bei	in signature recordo	ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12
TITLE	PT	☐ DELETE		LE				hange	Addition
NAME	BARBOSA, MARISE		1.2 NA	MÉ				-	
STREET ADDRESS	5757 BLUE LAGOON DRIVE	STE 400	1.3 STF	REET.	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y - S1	T-ZIP				
TITLE	\$	DELETE	2.1 T(T	LF.			□ c	hange	☐ Addition
NAME	DANIEL, ROYAL		2.2 NAI	ME					
STREET ADDRESS	P O BOX 567; 130 SKI HILL	RD	2.3 STF	RE[T	ADDRESS				
CITY-ST-ZIP	BRECKENRIDGE CO	· · · · · · ·	2. 4 Ci	IY-S	it - ZIP				
TITLE		∐ DELETE	3.1 TIT	L E	1		, 🗀 c	hange	☐ Addition
NAME			3.2 NAI	ME	Ì				
STREET ADDRESS			3 3 \$11	3.3 STHEET ADDRESS					
CITY-ST-ZIP		Decem	3 4. CIT		J-ZIP				
TITLE		L_ DELETE					∐ C	hange	☐ Addition
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CiT 5.1 Till		I - ZIP			hanne	Addition
NAME			5.1 MI				- U	KP I NO	L Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.3 STF 5.4 CIT						
TITLE		DELETE			£.11		□ CI	hange	☐ Addition
NAME			6.2 NA					0-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CIT		ì				
	ertify that the information supplied wit	h this filing does not qua				ection 119.07(3)(i), Florida Statutes, I i	further certify th	at the i	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 an attachment with an address.