

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000063939 (8)

1. Corporation Name

LEONES INVESTMENTS, INC.



Principal Place of Business 514 W. 46 PL. HIALEAH FL 33012	Mailing Address 514 W. 46 PL. HIALEAH FL 33012
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DO NOT WRITE IN THIS SPACE

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 07/31/1996	
4. FEI Number 65-0682811		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LEON, RAQUEL N
4045 SW 138 ST.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name	ANA M. RODRIGUEZ		
82 Street Address (P.O. Box Number is Not Acceptable)	514 W 46 PL		
83			
84 City	HIALEAH	85 FL	86 Zip Code 33012

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

ANA M. RODRIGUEZ

ANA M. RODRIGUEZ

4/09/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, SANTOS M			1.2 NAME	RODRIGUEZ, SANTOS M		
STREET ADDRESS	514 W. 46 PL.			1.3 STREET ADDRESS	514 W 46 PL		
CITY-ST-ZIP	HIALEAH FL 33012			1.4 CITY-ST-ZIP	HIALEAH, FL. 33012		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, ANA M			2.2 NAME			
STREET ADDRESS	514 W. 46 PL.			2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33012			2.4 CITY-ST-ZIP			
TITLE	VT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEON, RAQUEL N			3.2 NAME			
STREET ADDRESS	4045 SW 138 ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANUEL RUBEN LEON			4.2 NAME	MANUEL RUBEN LEON		
STREET ADDRESS	4045 SW 138 ST			4.3 STREET ADDRESS	4045 SW 138 AVE		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI, FL., 33175		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	MARIA L. LEON		
STREET ADDRESS				5.3 STREET ADDRESS	4045 SW 138 AVE		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	MIAMI, FL., 33175		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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

ANA M. RODRIGUEZ

4-9-98

(305) 883-7555

CR2E034 (10/97)