

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

0234198

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085189

1. Corporation Name

LEAL IMPORTS, CORP.



Principal Place of Business

835 NE 125TH STREET
N. MIAMI FL 33161

Mailing Address

835 NE 125TH STREET
N. MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1996

4. FEI Number

65-0699982

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, RAUL A
910 NE 124TH ST., #9
N. MIAMI FL 33161

81 Name

Alvarez, Raul A.

82 Street Address (P.O. Box Number is Not Acceptable)

11855 NE 19th Drive, #44

83

84 City

N. Miami

FL

85 Zip Code

33181

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, typed or printed name of registered agent, and title if applicable.

(NO) (E) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME LENNOX, ANA G
STREET ADDRESS 51 SW 58TH CT
CITY-ST-ZIP MIAMI FL 33144

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Lennox, Ana G.
1.3 STREET ADDRESS 19370 Collins Ave. #1101-C
1.4 CITY-ST-ZIP N. Miami, FL 33160

TITLE STD ☐ DELETE
NAME ALVAREZ, RAUL A
STREET ADDRESS 910 NE 124TH ST., #9
CITY-ST-ZIP N. MIAMI FL 33161

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME Alvarez, Raul A.
2.3 STREET ADDRESS 11855 NE 19th Drive, #44
2.4 CITY-ST-ZIP N. Miami, FL 33181

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 change, or on an attachment with an address, with all other like empowered

SIGNATURE: At Gabriela Lennox - Ana Gabriela Lennox 4/23/99 (305) 893-2017

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)