

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

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Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000087779 (0)

1. Corporation Name
LEOPOLDO ENTERPRISES, INC.



Principal Place of Business
7545 N.W. 70TH AVENUE
MIAMI FL 33166

Mailing Address
7545 N.W. 70TH AVENUE
MIAMI FL 33166-2815

3. Date Incorporated or Qualified 10/24/1996	3a. Date of Last Report
4. FEI Number 65-0701683	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
SWITZER, FRANCIS M
 1390 S. DIXIE HWY
 SUITE 1108
 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81. Name Luis M. ARIAS
82. Street Address (P.O. Box Number is Not Acceptable) 11865 SW 226 ST
83.
84. City MIAMI FL
85. Zip Code 33177

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 3/19/97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	HERNANDEZ, LEOPOLDO	
STREET ADDRESS	7545 N.W. 70TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/>
NAME	ANDRADE, MARIA I	
STREET ADDRESS	7545 N.W. 70TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	STD	<input type="checkbox"/>
NAME	SWITZER, FRANCIS M	
STREET ADDRESS	7545 N.W. 70TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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, 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]* SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3/24/97 DAYTIME PHONE: 8836749

CR2E034 (9/96)