

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

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90011 049 ***550.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000087779

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
7545 N.W. 70TH AVENUE MIAMI FL 33166		7545 N.W. 70TH AVENUE MIAMI FL 33166		10/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	65-0701683	Not Applicable
23	Zip	28	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		30		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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
ARAI, LUIS M
 11865 SW 206 ST
 MIAMI FL 33177

10. Name and Address of New Registered Agent

81	Name	LUIS M. ARIAS
82	Street Address (P.O. Box Number is Not Acceptable)	6235 SW KENDALE LAKES C.R. C132
83		
84	City	MIAMI
85	Zip Code	FL 33183

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, LEOPOLDO	1.2 NAME	LUIS M. ARIAS
STREET ADDRESS	7545 N.W. 70TH STREET	1.3 STREET ADDRESS	6235 SW KENDALE LAKES CIRCLE C132
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI FL 33183
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRADE, MARIA I	2.2 NAME	
STREET ADDRESS	7545 N.W. 70TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **8/10/99** _____
 _____ Daytime Phone # _____

CR2E034 (1/198)