

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

FILED

Apr 17 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 # P96000098418 (2)

1. Corporation Name
LEANBEEF INCORPORATED

Principal Place of Business
601 BRICKELL KEY DRIVE STE 501
MIAMI FL 33131-2651

Mailing Address
601 BRICKELL KEY DRIVE STE 501
MIAMI FL 33131-2650



3. Date Incorporated or Qualified 11/26/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0720181	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

GUTIERREZ, RENALDY J
601 BRICKELL KEY DRIVE STE 501
MIAMI FL 33131-2651

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PEREZ, JUAN O	1.2 NAME	
STREET ADDRESS	14524 SW 143RD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33188	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	LINDARTE, OLGA M	2.2 NAME	
STREET ADDRESS	14524 SW 143RD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33188	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	NAVARRO, GRACE B	3.2 NAME	
STREET ADDRESS	14524 SW 143RD PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33188	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	GUTIERREZ, RENALDY J	4.2 NAME	
STREET ADDRESS	601 BRICKELL KEY DRIVE STE 501	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2651	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Renaldy J. Gutierrez 4/14/97 (305) 577-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000287

CR2E034 (9/96)