

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000022669 (0)

1. Corporation Name

LEANTE FLORIDA, INC.

Principal Place of Business

HOBEMAPLANTSOEN 61
POSTBUS 363
HERRHUGOWAARD NETHERLANDS

Mailing Address

HOBEMAPLANTSOEN 61
POSTBUS 363
HERRHUGOWAARD NETHERLANDS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

59-3445382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RALLIS & PEREZ PA
3365 WEST VINE ST
STE 207
KISSIMMEE FL 34741-4665

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

TITLE D ☐ DELETE

NAME KONIGSBRUGGEN, PIET VAN
STREET ADDRESS HOBEMAPLANTSOEN 61 POSTBUS 363
CITY-ST-ZIP HERRHUGOWAARD NETHERLANDS

TITLE D ☐ DELETE

NAME HAARSMA, DORA
STREET ADDRESS HOBEMAPLANTSOEN 61 POSTBUS 363
CITY-ST-ZIP HERRHUGOWAARD NETHERLANDS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

6/17/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0560818

CR2E034 (10/97)

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**Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314**

At: Leslie Sellers

November 13, 1998.

Re : Leante Florida Inc.

Dear Mrs. Sellers.

Thank you for your letter of October 20, 1998, and we are pleased to learn that you have voided the dissolution/revocation of our company and that you have waived the corresponding penalty.

Please find enclosed a cashier's check for US\$ 550,= as well as the annual report. We trust that this time everything will be fine.

We like to take this opportunity to inform you that our address has changed. Please forward all future correspondence to the following address:

Leante Florida, Inc.
P.O. Box 430401
Kissimmee, FL 34743

Our physical address is as follows:

316 N.Bermuda Avenue
Kissimmee, FL 34741
Tel: 1-407-944-9515
Fax: 1-407-944-3886

Please take good note of this change of address.

With kind regards,


Petrus F. van Koningsbruggen