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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 23 1998 8:00am

Secretary of State

CR2E034 (10/97

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # -R0190002662

FLOR DE LEON INTERNATIONAL, INC.

PG7000082662

Principal Place of Business Mailing Address 8180 SW 135TH STREET 8180 SW 135TH STREET MIAMI FL 33158 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GONZALEZ, RAQEUL 8180 SW 135TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 84 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 (NO1f Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PREAD DOWY Change TITLE 1.1 TITLE **GONZALEZ, RAQUEL** NAME 1.2 NAME **8180 SW 135TH STREET** STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition Addition TITLE 2.1 TITLE NAME **ALVAREZ, FERNANDO** 2.2 NAME STREET ADDRESS **818**0 SW 135TH STREET 2.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 JITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE -0**4/**23/98--01079 NAME 6.2 NAME \*\*\*150.00

6.3 STREET ADDRESS

RAQUE C GONZA LA Z

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 typistee 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, with an address.