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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089295 (4)

DELEON AND ASSOCIATES CORP.

Principal Place of Business		Mailing Address) 		I I DA EIR I I DA	
7903 \$ 104TH STREET		7903 S 104TH STREET						
SUITE H-211		SUITE H-211		DO NOT WRIT	E IN TUIC	enact.		
MIAMI FL 33156		MIAMI FL 33156		Date Incorporated or Qualified	: IN ITHIS	STACE		
j					10/16/1997			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26	26		650787468			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75	Additional
22		27			Orthodie of Status Desired	L	Fee R	tequired
City & State		City & State		6. Election Campaign Financing	-	•) May Be	
23		28			Trust Fund Contribution			to Fees
Zip Country		Zip	r 'n		8. This corporation owes or has paid the current year Intaggible Personal Properly Tax due June 30. Yes V No			
24	4 25 29 29 Swame and Address of Current Regist		Agent 30		10. Name and Address of New Ro			<u>V</u>] NO
CA	CCIAMANI, VICTORIA		81	Name				
	03 \$ 104TH STREET		0.0	-	(0.0.0	 -		
	IITE H-211		82	Street Add	dress (P.O. Box Number is Not Accepta	ole)		
	AMI FL 33156		83					
,,,,,	ATT. 1 2 3 1 3 5		04				last vi	Ó .1-
			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	los, the above	named co	poration submits this statement for the	ourpose o	f changing i	its registered
agent. La	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was jations of Section 607.0505, F	aumonzed by Iorida Statutes	the corpora	ation's board of directors. I hereby acce	pt me app	oomment as	s registered
SIGNATURE								
	Signature, typed or printed name of registerest as			d segnature resp.	oved when reinstating)	DATL	5 Sibsoro	00 11 10
12.	PD OFFICERS AF	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	JERS ANI	Change	RS IN 12
	DELEON, CARLOS		1.1 TITLE 1.2 NAME				L Change	L] Addition
NAME DELEON, CARLOS STREET ADDRESS 7903 S 104TH ST, STE H-2:		4	1.3 STREET ADORESS					
CITY-ST-ZIP MIAMI FL 33156		•	1.4 CITY- \$1- ZIP					
TITLE	VD DELETE		2.1 TITLE	- 2111			Change	Addition
NAME	DELEON, EMMA		2.2 NAME				•	
STREET ADDRESS 7903 S 104TH ST, STE H-21		1	23 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156	•	2 4 Crty-Si					
TITLE	SD DECETE		3.1 1111 (Change	Addition
NAME	DELEON, CARLOS		3.2 NAME					
STREET ADDRESS 7903 S 104TH ST, STE H-211		1	3.3 STREET ADDRESS					
CITY-ST-ZIP MIAMI FL 33156			3.4. CITY-ST-7IP					
TITLE		☐ DELFTE	41 THILE				Change	Addition
NAME			4. 2 NAME	1				
STREET ADDRESS	38 4.3		4.3 STREET A	ADDRESS				
CITY-ST-ZIP			4 4 CHY - S1	- ZIP	7,77,71,142,412,412,412,412,412,412,412,412,41			····
TITLE	DELETE 5.1		5.1 7(1) F	-			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			53 STREET #					
CITY-ST-ZIP		Divers	54 CHY S1				T 05	A autr
TITLE		L DELFTE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET A	ADDRESS				

CITY-ST-ZIP

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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, gipting the statute of the corporation of the corporation of the corporation of the receiver of trustoe 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, gipting the statute of the corporation o

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FILED

Feb 06 1998 8:00am

Secretary of State