
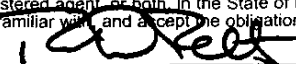


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90242 047 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000022187</b>					
1. Corporation Name <b>LEROBERT INVESTMENTS, INC.</b>					
Principal Place of Business <b>8300 NW 53RD STREET SUITE 300 MIAMI FL 33166</b>			Mailing Address <b>8300 NW 53RD STREET SUITE 300 MIAMI FL 33166</b>		
2. Principal Place of Business 21 <b>19 W. Flagler St.</b> Suite, Apt. #, etc. 22 <b>Suite 1400</b> City & State 23 <b>Miami, Fla.</b> Zip 24 <b>33130</b>		2a. Mailing Address 26 <b>19 W. Flagler St.</b> Suite, Apt. #, etc. 27 <b>Suite 1400</b> City & State 28 <b>Miami, Fla.</b> Zip 29 <b>33130</b>		Country 25 <b>USA</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>PELTZ, ROBERT D 8300 NW 53RD STREET SUITE 300 MIAMI FL 33166</b>			10. Name and Address of New Registered Agent 81 Name <b>Robert D. Peltz</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>19 W. Flagler St.</b> 83 <b>Suite 1400</b> 84 City <b>Miami</b> FL 85 Zip Code <b>33130</b>		
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  DATE <b>3/8/99</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>PELTZ, ROBERT D</b> STREET ADDRESS <b>8300 NW 53RD STREET SUITE 300</b> CITY-ST-ZIP <b>MIAMI FL 33166</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>19 W. Flagler St., Suite 1400</b> 1.4 CITY-ST-ZIP <b>Miami, Fla. 33130</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

(305) 381-8922

Daytime Phone #

CR2E034 (1/98)