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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9800050022

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:*

LEON CABINET CORP.

Principal Place of Business Mailing Address							
2751 NW 84 ST	2751 NW 84 ST MIAMI FL 33143						
MIAMI FL 33143					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	0 01 7.02	
					06/04/1998		
Principal Place of Business	2a. Mailing Address				4. FEI Number		plied For.
21	26				65-0843724		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22	27					Fee Re	<u></u>
City & State	City & State				6. Election Campaign Financing	\$5.00	, ,
23	28				Trust Fund Contribution	Added	o Fees
Zip Country	Zip Cour		ntry		8. This corporation owes the current year in	ntangible ☐ Yes .	₽ No
24 25	29 30		г		Personal Property Tax. 10. Name and Address of New Registered		TINO
9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registerer	a Agent	
LEON, OVED			"	ivaille			
2751 NW 84 ST			82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33143			83				
			83				
* •			84	City		85 Zip (Code
•					<u> </u>	<u> </u>	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida Such change was a	uthonzed	i by i	he corporati	on's board of directors. I hereby accept the appo	ointment as re	gistered
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered	Ageni	signature require	ed when reinstating) DATE		
12. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE D	☐ DELETE	1.1 11	TLE			☐ Change	☐ Addition
NAME LEON, OVED		1.2 N	AME.				
STREET ADDRESS 2751 NW 84 ST		1.3 \$1	REET	ADDRESS	*		
CITY-ST-ZIP MIAMI FL 33143			TY-ST	-ZIP			
mre D						☐ Change	☐ Addition
NAME LEON, OTNIEL			AME				ļ
STREET ADDRESS 695 W 28 ST #8				ADDRESS			
CITY-ST-ZIP HIALEAH FL 33012		2.4 C					
TITLE	DELETE 3.11			1-2"		☐ Change	☐ Addition
NAME	321						Ì
				ADDRESS			
STREET ADDRESS			ITY-S				
CITY-ST-ZIP TITLE		_		1-211			Addition
	DELETE	4.1 T	TLE			☐ Change	
NAME	☐ DELETE	4,1 TI				☐ Change	
STREET ADDRESS	∟! DELETE	4, 2 N	AME	ADDOESS		☐ Change	
CITY-ST-ZIP	∐ DELETE	4, 2 N 4,3 ST	AME FREET	ADDRESS		☐ Change	,
TITLE		4, 2 N 4,3 ST 4,4 CI	AME TREET				
	☐ DELETE	4, 2 N 4,3 ST 4,4 CI 5,1 TI	AME TREET TY-ST			☐ Change	☐ Addition
NAME		4, 2 N 4,3 ST 4,4 CI 5,1 TJ 5,2 N	AME TREET TY-ST TLE AME	-ZIP			
STREET ADDRESS		4, 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST	AME TY-ST TLE AME TREET	-ZIP ADDRESS	·		
		4, 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST	AME TY-ST TLE AME TREET	-ZIP ADDRESS	·		

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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CR2E034 (11/98)

FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90048 006 ***150.00