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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90237 009 ***150.00

DOCUMENT #

1. Corporation Name

R. Leigh, Inc.

Principal Place of Business / Mailing Address

2805 E. Oakland Park Blvd #161
Ft. Lauderdale, Fl 33306

DO NOT WRITE IN THIS SPACE

2 Principal Place of Business 21	2a Mailing Address 26
Suite Apt #, etc. 22	Suite Apt # etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/21/98

4. FEI Number: 65-0883932 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Emil Szegner
3300 NE 192ST Apt 1101
Aventura, Fl. 33180

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: Emil Szegner V.President 4-27-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Jonas Klein	1.2 NAME	
STREET ADDRESS	3300 NE 192ST Apt 1012	1.3 STREET ADDRESS	
CITY-ST-ZIP	Aventura Fl 33180	1.4 CITY-ST-ZIP	
TITLE	V.P. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Emil Szegner	2.2 NAME	
STREET ADDRESS	3300 NE 192ST Apt 1101	2.3 STREET ADDRESS	
CITY-ST-ZIP	Aventura, Fl 33180	2.4 CITY-ST-ZIP	
TITLE	secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Rachel Brown	3.2 NAME	
STREET ADDRESS	2805 E. Oakland Blvd #161	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl 33306	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jonas Klein Pres 4/26/99 305-792-9924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)