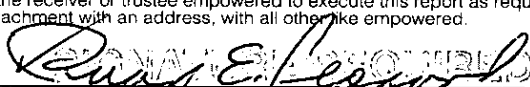


FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90058 029 ***150.00

DOCUMENT #		P99000079341	
1. Entity Name HENRY LEONARD, INC.			
Principal Place of Business 8360 W. FLAGLER ST.,#200 MIAMI FL 33144		Mailing Address 8360 W. FLAGLER ST.,#200 MIAMI FL 33144	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
RIOS, LUIS O 8360 W. FLAGLER ST.,#200 MIAMI FL 33144			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, JUAN E 8360 W. FLAGLER ST.,#200 MIAMI FL 33144	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(b)(1) of the Internal Revenue Code because the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, 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			



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dat

Daytime Phase: