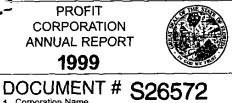
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 03, 1999 8:00 am Secretary of State

05-03-1999 90073 003 \*\*\*150.00

1. Corporation	Name									
LE LANC	E INVESTMENTS INC.									
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							1	)), <b>(</b> , (, ), (, )	<b>   </b>	
Principal Place of Business Mailing Address								<b>B</b> )1 <b>B</b> 1813 <b>B</b> 181	i Bibit districati	
9769 S. DIXIE HIGHWAY 10345 SW 91 ST.										
#104 MIAMI FL 33176										
MIAMI FL 33156 US						DO NOT WRITE IN THIS SPACE				
US					. !	3. Date Incorporated or Qualifed			Ì	
		72 60 00 600		<u> </u>		01/22/1991 4. FEI Number		7 7	Applied For	
	ace of Business	2a. Mailing Address 25 //260 =	-1.	95	Sz	4. FEI Number	-	$\vdash$	lot Applicable	
941		25 / 260 = Suite, Apt. #, etc.	3 V V			65-0213919			Additional	
Suite, Apt.	#125	27	~			5. Certifcate of Status Desired			Required	
City & State		City & State				6. Election Campaign Financing			May Be	
	iami, FLA.	28 MIAMI		20		Trust Fund Contribution		•	to Fees	
Zip 33		Zip 33176 3	Coun	SA	.	This corporation owes the curre     Personal Property Tax.	nt year Inta	angible Yes	No_	
	9. Name and Address of Current	<del></del>				10. Name and Address of New Re	gistered	Agent		
			1	Name	_	$\sim$		•	}	
MATHEW, THOMAS			-  -	32 Street /	Addres	ss (P.O. Box Number is Not Acceptate	ole)		<del></del> -	
	5 SW 91ST ST		1	, Oliceti	14410					
MIAN	AI FL 33176			33					}	
				34 City		<del></del>		85 Zir	Code	
			- '	City			FL	.	,	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was autl	horized I	by the corpo	corpor oration	ration submits this statement for the parties of the parties of directors. I hereby accept	the appoir	cnanging i ntment as i	is registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered A	gent signature re	equired v	when reinstating)	DATE			
12. OFFICERS AND DIRE			13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT	ORS IN 12	
TITLE	DP	☐ DELETE		.1 TITLE				☐ Change		
NAME	MATHEW, THOMAS		1.2 NAM	E (					l	
STREET ADDRESS	10345 SW 91ST ST		1,3 STR	EET ADDRESS						
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-ZIP					1	
TITLE	DST	☐ DELETE	2.1 TITL					Change	Addition	
NAME	MATHEW, ALEYEMMA		2.2 NAM	E· "					ſ	
STREET ADORESS	ACCATIONAL CAPT OF THE	-	2.3 STR	EET ADDRESS					- \	
CITY-ST-ZIP	MIAMI FL		2.4 CIT	Y-ST-ZIP						
TITLE	_ <del></del>	DELETE	3.1 TITL	E				Change	Addition	
NAME			3.2 NAM	E					}	
STREET ADDRESS			3.3 STR	EET ADDRESS	İ					
CITY-ST-ZIP			3.4. CIT	/-ST-ZIP			<u> </u>			
TITLE ,"		☐ DELETE	4.1 TITL					Change	Addition	
NÁME			4, 2 NA	AE Ì		,				
STREET ADDRESS	ET ADDRESS		4.3 STREET ADORESS			•				
CITY-ST-ZIP			4.4 CIT	4.4 CITY-ST-ZIP			· 			
TITLE		☐ DELETE	5,1 TITL	Ē Ī		: <del> </del>		Change	a 🔲 Addition	
NAME			5.2 NAM	E (						
STREET ADDRESS			5.3 STR	EET ADDRESS					•	
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ DELETE	6.1 TITL	1				Change	e 🗌 Addition	
NAME			6.2 NAM	E					,	
			63 STR	EET ANNRESS	i					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

4-28-99 (38) 787-8/39.