FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S52355 (2)

1 LEYLA'S ENTERPRISES INC.

Principal Place of Business	Mailing Address
12200 SW 132 CT L105 MIAMI FL 33186 US	12200 SW 132 CT L105 MIAMI FL 33186 US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 05/10/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0304886	Applied For / Not Applicable
5. Certificate of Status Desired: ☐	$8.75 Additional Fee Required
6. Use for Campaign Expenses (Fla. Election Campaign Financing Commission): ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASRI, LEYLA 13404 SW 62 ST (L105) MIAMI FL 33183	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 Section 607.1007, 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. The 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 607.325, Florida Statutes.

SIGNATURE: Leyla S. Masri 5/4/95
(If changing Registered Agent, this Certificate must be signed by the new Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES OR DELETIONS AND DATE OF EVENT
Title	O	☐ Change ☐ Addition
Name	MASRI, LEYLA	
Street Address	13404 SW 52 ST L105	
City-St-Zip	MIAMI FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I do hereby certify that the information supplied with this 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 above or on an attachment with an address.

SIGNATURE: Leyla S. Masri 5/4/95 (305) 226-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

0203707 CP