FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 28 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S76991** **(6)**

1. Corporation Name
LEREBOURS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
175 FONTAINEBLEAU BLVD. MIAMI FL 33172	175 FONTAINEBLEAU BLVD. MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 175 Fontainebleau Blvd
Suite, Apt. #, etc.
22 1A-3
City & State
23 MIAMI, FLORIDA
Zip 24 33172 Country 25 USA

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27 1A-3
City & State
28 Same
Zip 29 Same Country 30 Same

4. FEI Number: 65-0281838 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEREBOURS, JOSEFINA
715 FONTAINEBLEAU BLVD.
MIAMI FL 33172

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 Josefina Lerebours (JOSEFINA LEREBOURS) 4/25/95
(Address, 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	DPS	1.1 TITLE	☐ Change ☐ Addition
NAME	LEREBOURS, JOSEFINA	1.2 NAME	
STREET ADDRESS	9760 SW 164 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	LEREBOURS, JOSEFINA	2.2 NAME	
STREET ADDRESS	9760 SW 164TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	LEREBOURS, JOSEFINA	3.2 NAME	
STREET ADDRESS	9760 SW 164TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Josefina Lerebours (JOSEFINA LEREBOURS) 4/25/95 305-554-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0166451 CP