

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V04214** (5)

1. Corporation Name
633 DE LEON CORP.



Principal Place of Business: **1700 PONCE DE LEON BLVD. CORAL GABLES FL 33134**
Mailing Address: **1700 PONCE DE LEON BLVD. CORAL GABLES FL 33134**

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

3. Date Incorporated or Qualified: **01/06/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0304147**
5. Continuation of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
Approved For: Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**ALHADEFF, E. RICHARD
2200 MUSEUM TOWER
150 W. FLAGLER STREET
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number's Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0102 and 607.1504, 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0102, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CATARINEAU, JOYCE E.	
STREET ADDRESS	1700 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 NAME: Change Addition
12 NAME: Change Addition
13 STREET ADDRESS: Change Addition
14 CITY-ST-ZIP: Change Addition
15 NAME: Change Addition
16 STREET ADDRESS: Change Addition
17 CITY-ST-ZIP: Change Addition
18 NAME: Change Addition
19 STREET ADDRESS: Change Addition
20 CITY-ST-ZIP: Change Addition
21 NAME: Change Addition
22 STREET ADDRESS: Change Addition
23 CITY-ST-ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing is complete, true and correct, 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 in an attachment with an address.

SIGNATURE: **Joyce E. Catarneau** 4/15/96 305-233-9082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)