

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

FILED

**May 13 1998 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **7780 S.W. 117 AVENUE**

Suite, Apt. #, etc.

27 **Suite 201**

City & State

28 **MIAMI, FL**

29 Zip Country

30 **33188** **FL**

3. Date Incorporated or Qualified

01/06/1992

4. FEI Number

65-0304147

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **JOE A. CATARINEAU**

82 Street Address (P.O. Box Number is Not Acceptable)
7780 S.W. 117 AVENUE

83 **Suite 201**

84 City **MIAMI** **FL** 85 Zip Code **33188**

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 **[Signature]**

4-28-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D CATARINEAU, JOYCE E.**
STREET ADDRESS **1700 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME **Treasurer**
JOE A. CATARINEAU
2.3 STREET ADDRESS **7780 S.W. 117 AVENUE, Suite 201**
2.4 CITY-ST-ZIP **MIAMI, FL 33188**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE **[Signature]**

4-28-98 **3-1-98**

CR2E034 (10/97)