

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **V31683** (8)

95 JAN 17 PM 1:29

1. Corporation Name  
**LEONEL R. PLASENCIA, P.A.**

Principal Place of Business Mailing Address  
**1645 PALM BCH. LAKES SUITE 850 W. PALM BCH FL 33401 US**  
**1645 PALM BCH LAKES SUITE 850 WEST PALM BCH FL 33401 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>04/24/1992</b>	<b>02/01/1994</b>
22. City & State	27. City & State	4. FET Number	Applied For
23. Co. No.	28. City & State	<b>65-0333197</b>	Not Applicable
24. Co. No.	29. Zip	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25. Country	30. Country	<input type="checkbox"/>	<input type="checkbox"/>
		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

**B. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PLASENCIA, LEONEL R.  
1645 PALM BEACH LAKES BLVD.  
STE 850  
W PALM BEACH FL 33401**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. City	

11. The agent, in the presence of Sections 607.0602 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am hereby authorized to accept the obligations of Section 607.0403 Florida Statutes.

SIGNATURE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If Any)**

NAME	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2. STREET ADDRESS	
CITY	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE	4. STATE	
ZIP	5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	6. NAME	
STREET ADDRESS	7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	8. CITY	
STATE	9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	10. ZIP	
1. NAME	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12. STREET ADDRESS	
CITY	13. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE	14. STATE	
ZIP	15. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 199.032 Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my appointment shall have the same legal effect as if made under oath. That any certificate or certificate of this corporation or the member or members responsible to execute this report as required by Florida Statutes, and that any name appearing on Block 12 or Block 13 is changed or on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LEONEL R. PLASENCIA**

1-9-95

407-683-8333