

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90179 044 \*\*\*150.00

DOCUMENT # V66065

1. Corporation Name  
LEONI ASSOCIATES, INC.

Principal Place of Business

4101 LAGUNA STREET  
CORAL GABLES FL 33146  
US

Mailing Address

4101 LAGUNA STREET  
CORAL GABLES FL 33146  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1992

4. FEI Number

65-0068969

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 the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1032 NE 78 Rd

2a. Mailing Address

26 1032 NE 78 Rd

Suite, Apt. #, etc.

22 #1

Suite, Apt. #, etc.

27 1

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33138

Country

25 USA

Zip

29 33138

Country

30 USA

9. Name and Address of Current Registered Agent

TROISE, DONALD  
4101 LAGUNA STREET  
CORAL GABLES FL 33146

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

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 PSD ☐ DELETE

NAME TROISE, DONALD  
STREET ADDRESS 4101 LAGUNA STREET  
CITY-ST-ZIP CORAL GABLES FL

TITLE V ☒ DELETE

NAME LEONI, VICTOR  
STREET ADDRESS 4101 LAGUNA STREET  
CITY-ST-ZIP CORAL GABLES FL

TITLE T ☐ DELETE

NAME BORG, SHIRLEY  
STREET ADDRESS 100 EDGEWATER DRIVE #217  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1032 NE 78 Rd #1

1.4 CITY-ST-ZIP Miami FL 33138

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Shirley Borg Shirley Borg 4/26/99 305 756 2892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER FOR DIRECTOR

Date

Daytime Phone #

0219324

CR2E034 (11/98)