

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000023681 (8)

1. Corporation Name

LEON REAL ESTATE HOLDING CORPORATION

Principal Place of Business

C/O LEON MARISOL

2201 S.W. 26 LANE

MIAMI FL 33133

Mailing Address

2614 S.W. 26 LANE

MIAMI FL 33133-2234



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2614 S.W. 26 LANE		26 2614 SW 26 LANE		03/30/1993		03/12/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 MIAMI, FLORIDA		28 MIAMI, FLORIDA		65-0406742		Not Applicable	
24 33133		25 DADE		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 33133		30 DADE		6. Election Campaign Financing		5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
LEON, MARISOL		81 Name		LEON, MARISOL			
2201 S.W. 23 STREET		82 Street Address (P.O. Box Number is Not Acceptable)		2614 S.W. 26 LANE			
MIAMI FL 33145		83					
		84 City		MIAMI		85 Zip Code	
				FL		33133	

11. Pursuant to the provisions of Sections 607.0102 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 607.0506, Florida Statutes.

SIGNATURE

Signature of officer 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 <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE <input type="checkbox"/> DELETE		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.3 STREET ADDRESS	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.3 STREET ADDRESS	
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.3 STREET ADDRESS	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.3 STREET ADDRESS	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.3 STREET ADDRESS	
6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0170210

CR2E034 (9/96)