FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000082320 (1)**

1. Corporation Name

LEYTON ENTERPRISES CORPORATION

Principal Place of Business	Mailing Address
50 W MASHTA DR SUITE 2 KEY BISCAYNE FL 33149	50 W MASHTA DR SUITE 2 KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified: **12/02/1993**

3a. Date of Last Report: **08/14/1995**

4. FEI Number: **65-0482851** ☐ 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. Is this corporation filing for an initial tax under s. 199.032, Florida Statutes? ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1111 CRANDON BLVD	26 901 PONCE DE LEON
22 State, Apt. #, or Suite # 1008 A	27 State, Apt. #, or Suite # 501
23 City & State: KEY BISCAYNE, FLA	28 City & State: CORAL GABLES, FL
24 Zip: 33149 25 County: USA	29 Zip: 33134 30 Country: USA

9. Name and Address of Current Registered Agent

RODRIQUEZ, FERNANDO J
901 PONCE DE LEON BLVD. #501
~~SUITE 2~~
CORAL GABLES FL 33134

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 Section 607.1501 and 617.1501, 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 corporation is aware that it may, by the corporation's board of directors, thereafter accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME CAICEDO, ALVARO H		1 NAME	
STREET ADDRESS 87 W MCINTYRE ST		1 STREET ADDRESS	
CITY-ST-ZIP KEY BISCAYNE FL 33149		1 CITY-ST-ZIP	
TITLE	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. To the best of my knowledge, information and belief, the facts stated above are true. I hereby certify that the information indicated on this report or supplemental 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 added above.

SIGNATURE: Alvaro Caicedo — ALVARO H. CAICEDO 04/15/96 (305) 445-0611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)