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 # **P95000027940 (2)**

1. Corporation Name

THE LEIGHTON-CRISTOBOL GROUP, INC.

Principal Place of Business	Mailing Address
2186 SW 23RD TER MIAMI FL 33145	2186 SW 23RD TER MIAMI FL 33145

3. Date Incorporated or Qualified: 04/05/1995

3a. Date of Last Report: 3-10-96

4. FEI Number: 65-0591148 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21: 2186 SW 23rd Terr
22: Suite, Apt. # etc.: —
23: City & State: Miami Fla.
24: Zip: 33145
25: Country: DADE

2a. Mailing Address
26: 1825 Ponce de Leon Blvd
27: Suite, Apt. #, etc.: # 348
28: City & State: Coral Gables Fla
29: Zip: 33134
30: Country: DADE

9. Name and Address of Current Registered Agent

CRISTOBOL, LUIS
17 CAMPINA CT
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: DAVID S. LEIGHTON
82 Street Address (P.O. Box Number is Not Acceptable): 1825 Ponce de Leon Blvd.
83: # 345
84 City: Coral Gables FL 85 Zip Code: 33134

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] 3-10-96
Signature of new registered agent, if changing (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	LEIGHTON, AMI		1.2 NAME	DAVID S. LEIGHTON	
STREET ADDRESS	2186 SW 23RD TER		1.3 STREET ADDRESS	2186 SW 23rd Terr	
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-ST-ZIP	MIAMI Fla 33145	
TITLE	D	☒ DELETE	2.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	CRISTOBOL, MARTA		2.2 NAME	ANA E. LEIGHTON	
STREET ADDRESS	17 CAMPINA CT		2.3 STREET ADDRESS	2186 SW 23rd Terr	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	MIAMI Fla 33145	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	000001914430	☐ Change ☐ Addition
NAME			5.2 NAME	-08/06/96--01157--014	
STREET ADDRESS			5.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 3-10-96 (305) 448-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #