

3-4-97 B ~~At~~ C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00  
2630

FILED  
Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

DOCUMENT # P96000029044 (0)

1. Corporation Name  
CASTILLA-LEON, INC.

Principal Place of Business  
7920 N.W. 166 STREET  
MIAMI FL 33016

Mailing Address  
7920 N.W. 166 STREET  
MIAMI FL 33016-3418



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0729970		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PEREZ, MANUEL M MR  
7920 N.W. 166 STREET  
MIAMI FL 33016

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP PEREZ RIVERA, M M MR <input type="checkbox"/> DELETE	1.1 TITLE	Chairman of the Board C.R.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ RIVERA, M M MR	1.2 NAME	Bry Rivera M. Mario
STREET ADDRESS	7920 N.W. 166 STREET	1.3 STREET ADDRESS	7920 N.W. 166 Street
CITY-ST-ZIP	MIAMI FL 33016	1.4 CITY-ST-ZIP	Miami, FL 33016
TITLE	SD CASAS, JUAN MR <input type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASAS, JUAN MR	2.2 NAME	Braseras, Wilfredo
STREET ADDRESS	7920 N.W. 166 STREET	2.3 STREET ADDRESS	7920 N.W. 166 Street
CITY-ST-ZIP	MIAMI FL 33016	2.4 CITY-ST-ZIP	Miami, FL 33016
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director - Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Turro Ichaso, Jerry
STREET ADDRESS		3.3 STREET ADDRESS	7920 NW 166 Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	CASAS Gutierrez, Juan
STREET ADDRESS		4.3 STREET ADDRESS	7920 NW 166 Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 #

CR2E034 (9/96)