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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # S53481

1. Corporation Name
LEYTON HOLDINGS, INC.

Principal Place of Business

% MIGUEL M GONGALEZ
~~370 MINORCA AVE. SUITE 5~~
 CORAL GABLES FL 33134
 US

Mailing Address

% MIGUEL M GONGALEZ
~~370 MINORCA AVE. SUITE 5~~
 CORAL GABLES FL 33134
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1991

4. FEI Number

65-0347447

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 Suite, Apt. #, etc.

22 **717 Ponce de Leon Blvd.**

23 City & State

23 **Suite 317**

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **717 Ponce de Leon Blvd.**

28 City & State

28 **Suite 317**

29 Zip Country

30

9. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL M.
370 MINORCA AVE.
SUITE 5
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
717 Ponce de Leon Blvd.

83 **Suite 317**

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 DELETE

D
LOPEZ, HORACIO A
370 MINORCA AVE., SUITE 5
CORAL GABLES FL

TITLE DELETE

D
LOPEZ, MARTHA G
370 MINORCA AVE., SUITE 5
CORAL GABLES FL

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS **717 Ponce de Leon Blvd., Suite 317**
 1.4 CITY-ST-ZIP **33134**

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 any available form with an address, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-FEB-1999 305-461-1650
 Date Daytime Phone #

CR2E034 (1/98)