

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 # **476137** (5)

1. Corporation Name
CASCABEL, INC.



Principal Place of Business: % ISIDORE I. BLITT CPA, 5995 SUNSET DR., SOUTH MIAMI FL 33143
Mailing Address: 6301 SUNSET DR #203, SOUTH MIAMI FL 33143 US

3. Date Incorporated or Qualified: 05/19/1975
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 6301 Sunset Dr., 22 203, 23 S MIAMI Fl, 24 33143, 25 U.S.
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: 59-2142590
5. Certificate of Status Desired: \$8.75 Additional Fees Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: BLITT, ISIDORE I. (CPA), 6301 SUNSET DR #203, SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	CAVELIER, JORGE	
STREET ADDRESS	% 5995 SUNSET DR.	
CITY - ST - ZIP	SOUTH MIAMI, FL 0	
TITLE	VD	DELETE
NAME	CAVELIER, SYLVIA	
STREET ADDRESS	% 5995 SUNSET DR.	
CITY - ST - ZIP	SOUTH MIAMI, FL 0	
TITLE	STD	DELETE
NAME	THOMPSON, MARGARET B.	
STREET ADDRESS	% 5995 SUNSET DR.	
CITY - ST - ZIP	SOUTH MIAMI, FL 0	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
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 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)(k), 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] DATE: 4/25/96 DAYTIME PHONE #:

CR2E034 (12/95)