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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M51665** (1)

1. Corporation Name
CAZADORES INVESTORS, INC.

Principal Place of Business: **9782 S.W. 133 TERR. MIAMI FL 33176**
Mailing Address: **9782 S.W. 133 TERR. MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/07/1987**
3a. Date of Last Report: **04/08/1994**

4. FEI Number: **59-2800343**
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		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent
**TORRES, OSCAR M. JR.
9782 S.W. 133 TERR.
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 transferring) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	CABRERA, MAURO J.
STREET ADDRESS	335 N.W. 128 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	LOPEZ, CECILIO G.
STREET ADDRESS	3850 S.W. 128TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	LOPEZ, ROLANDO C.
STREET ADDRESS	14288 S.W. 17TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	QUESADA, MIGUEL A.
STREET ADDRESS	6401-D S.W. 116 CT.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	RODRIGUEZ, ELSA D.
STREET ADDRESS	3320 S.W. 92 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	TORRES, OSCAR M., JR.
STREET ADDRESS	9782 S.W. 133RD TERR.
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: _____ DATE: **5/4 / 95 (20) 251-9391**