

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # M51665 (1)**  
1. Corporation Name  
**CAZADORES INVESTORS, INC.**



Principal Place of Business Mailing Address  
**9782 S.W. 133 TERR. MIAMI FL 33178** **9782 S.W. 133 TERR. MIAMI FL 33176-6152**

3. Date Incorporated or Qualified **05/07/1987** 3a. Date of Last Report **03/06/1996**

|   |                  |         |             |             |   |                  |         |             |             |   |                                       |
|---|------------------|---------|-------------|-------------|---|------------------|---------|-------------|-------------|---|---------------------------------------|
| 21. State, Apt. #, etc.   | 22. City & State | 23. Zip | 24. Country | 25. Country | 26. State, Apt. #, etc.   | 27. City & State | 28. Zip | 29. Country | 30. Country | 4. FEI Number<br><b>59-2800343</b>                        | Applied For<br>Not Applicable         |
| 2. Principal Place of Business  |                  |         |             |             | 2a. Mailing Address   |                  |         |             |             | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |                  |         |             |             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                  |         |             |             | <b>\$5.00</b> May Be Added to Fees                        |                                       |

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>TORRES, OSCAR M. JR.<br/>9782 S.W. 133 TERR.<br/>MIAMI FL 33176</b> |  |  |  |  | 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 <b>FL</b>                                 |  |  |  |  |

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's signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | VPD                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CABRERA, MAURO J.      | 1.2 NAME  |   |
| STREET ADDRESS             | 335 N.W. 128 AVE.      | 1.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | MIAMI FL               | 1.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | PD                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOPEZ, CECILIO G.      | 2.2 NAME  |   |
| STREET ADDRESS             | 3850 S.W. 128TH AVE.   | 2.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | MIAMI FL               | 2.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | D                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOPEZ, ROLANDO C.      | 3.2 NAME  |   |
| STREET ADDRESS             | 14288 S.W. 17TH STREET | 3.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | MIAMI FL               | 3.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | D                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUESADA, MIGUEL A.     | 4.2 NAME  |   |
| STREET ADDRESS             | 6401-D S.W. 118 CT.    | 4.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | MIAMI FL               | 4.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | D                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RODRIGUEZ, ELSA D.     | 5.2 NAME  |   |
| STREET ADDRESS             | 3320 S.W. 92 AVE.      | 5.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | MIAMI FL               | 5.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | TD                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TORRES, OSCAR M., JR.  | 6.2 NAME  |   |
| STREET ADDRESS             | 9782 S.W. 133RD TERR.  | 6.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | MIAMI FL               | 6.4 CITY-STATE-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 included 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: **2/19/97** **305-251-9394**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)