

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$376)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 14 AM 11:24
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P93000033158 (5)

1. Corporation Name
CASA MONERT, INC.

Principal Place of Business Mailing Address
1955 N.W. 3RD STREET 1955 N.W. 3RD STREET
MIAMI FL 33125 MIAMI FL 33125

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/06/1993 12/16/1994

4. FEI Number Applied For
65-0407083 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. 26.

Suite, Apt. #, etc. Suite, Apt. #, etc.

22. 27.

City & State City & State

23. 28.

Zip Country Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

MONERT, VICTOR
13790 N.W. 5TH PLACE
MIAMI FL 33168

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 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE **PO**

NAME **CASAS, SANTOS**

STREET ADDRESS **1955 N.W. 3RD ST.**

CITY - ST - ZIP **MIAMI FL 33127**

TITLE **STD**

NAME **MONERT, VICTOR**

STREET ADDRESS **13790 N.W. 5TH PLACE**

CITY - ST - ZIP **MIAMI FL 33168**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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 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: *Victor Monert* 7/10/95 305-685-5153

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (3/95)