

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 # P95000004192 (7)

1. Corporation Name
CASASCO, INC.



Principal Place of Business: 1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES FL 33134
Mailing Address: 1313 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 01/13/1995
3a. Date of Last Report

2. Principal Place of Business: 21 5284 SW 69 PL. Suite, Apt. #, etc.
22 Miami FL. City & State
23 Zip 33155 Country Dade
24 25
2a. Mailing Address: 26 5284 SW 69 PL. Suite, Apt. #, etc.
27 Miami, FL. City & State
28 Zip 33155 Country Dade
29 30
4. FEI Number: 65-0573004
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

9. Name and Address of Current Registered Agent
SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: Anthony R. Cecchini
82 Street Address (P.O. Box Number is Not Accepted): 5284 SW 69 PL.
83
84 City: Miami FL 85 Zip Code: 33155

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 4/19/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ-GALARRAGA, JORGE	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Sec-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Anthony R Cecchini	
2.3 STREET ADDRESS	5284 SW 69 PL.	
2.4 CITY - ST - ZIP	Miami, FL. 33155	
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Clara Fusco	
3.3 STREET ADDRESS	5454 SW 64 PL.	
3.4 CITY - ST - ZIP	Miami, FL. 33126	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 4/19/96 1-305-667-6571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)