

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000045566 (3)

1. Corporation Name
CABA INVESTMENTS, INC.



Principal Place of Business: **C/O RJS 201 SOUTH BISCAYNE BLVD., 1600 MIAMI CNTR MIAMI FL 33131**
Mailing Address: **C/O RJS 201 SOUTH BISCAYNE BLVD., 1600 MIAMI CNTR MIAMI FL 33131**

3. Date Incorporated or Qualified: **06/13/1995** 3a. Date of Last Report

4. FEI Number: **XXX** 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

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30.

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131**

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: **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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **-B-** DELETE

NAME: **-GOMEZ RUL, CARMEN B-**

STREET ADDRESS: **-201 S. BISCAYNE BLVD., 1600 MIAMI CENTER-**

CITY-ST-ZIP: **-MIAMI FL 33131--**

TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

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: **D/P/S/T** Change Addition

1.2 NAME: **Barbachano G.R., Carmen**

1.3 STREET ADDRESS: **2843 South Bayshore Drive, #3-C**

1.4 CITY-ST-ZIP: **Miami, Florida 33133**

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: **100001831981**

4.3 STREET ADDRESS: **-05/21/96--01054--022**

4.4 CITY-ST-ZIP: *****200.00**

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: *C. Gomez Rul* **Carmen Barbachano Gomez Rul** (305) 379-9146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)