

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000074392

1. Corporation Name  
CASA ROJA INC.

Principal Place of Business

~~601 BRICKELL KEY AVE STE 501~~  
~~MIAMI FL 33131-2851~~

Mailing Address

~~601 BRICKELL KEY AVE STE 501~~  
~~MIAMI FL 33131-2851~~

2. Principal Place of Business

21 6822 NW 112 Avenue

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33178

Country

2a. Mailing Address

26 6822 NW 112 Avenue

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip

29 33178

Country

30

9. Name and Address of Current Registered Agent

GUTIERREZ, RENALDY J  
601 BRICKELL KEY AVE STE 501  
MIAMI FL 33131-2851

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

65-0700207

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ~~PSD LAZARTE, LUIS H~~  
STREET ADDRESS ~~601 BRICKELL KEY AVE STE 501~~  
CITY-ST-ZIP ~~MIAMI FL 33131-2851~~

TITLE ☐ DELETE

NAME AS  
STREET ADDRESS GUTIERREZ, RENALDY J  
CITY-ST-ZIP 601 BRICKELL KEY AVE STE 501  
MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME PSD  
1.3 STREET ADDRESS JAVIER GELVIGZ  
1.4 CITY-ST-ZIP 6822 NW 112 Avenue  
Miami, FL 33178

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 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 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, with all other like empowered.

SIGNATURE:

Renaldy J Gutierrez

Date

Daytime Phone #

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90022 034 \*\*\*150.00



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