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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90051 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000037116

1. Corporation Name
CAS HONEYCOMB CORP.



Principal Place of Business: 7710 N.W. 54 ST. MIAMI, FL 33166 US
 Mailing Address: 18960 NE 2ND AVE. STE. 201 MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 8507 NW 66 St
 Suite, Apt. #, etc. 22
 City & State 23 Miami Florida
 Zip Country 24 33166 25 U.S.A.
 2a. Mailing Address: 26 8507 NW 66 St
 Suite, Apt. #, etc. 27
 City & State 28 Miami Florida
 Zip Country 29 33166 30 U.S.A.

3. Date Incorporated or Qualified: 04/25/1997
 4. FEI Number: 65-0746774 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

9. Name and Address of Current Registered Agent
CASCANTE, JORGE
18960 NE 2ND AVENUE
STE 101
NORTH MIAMI FL 33179

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASCANTE, JORGE	
STREET ADDRESS	18960 NE 2ND AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASCANTE, FLOR	
STREET ADDRESS	18960 NE 2ND AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
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	1225 NE 199 St
1.4 CITY-ST-ZIP	North Miami FL 33179
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1225 NE 199 St
2.4 CITY-ST-ZIP	N Miami FL 33179
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-08-99
 Date Daytime Phone #

CR2E034 (1/198)