

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90023 048 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000064165**  
 1. Corporation Name  
**CASA LAS OLAS, INC.**



Principal Place of Business Mailing Address

3 GROVE ISLE DRIVE SUITE 602 MIAMI FL 33133

3 GROVE ISLE DRIVE SUITE 602 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **3 GROVE ISLE DR** 26 **3 GROVE ISLE DR.**

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

22 **1210** 27 **1210**

City & State City & State

23 **MIAMI, FL** 28 **MIAMI, FL**

Zip Country Zip Country

24 **33133** 25 Country 29 **33133** 30 Country

3. Date Incorporated or Qualified  
**07/24/1997**

4. FEI Number Applied For  
**65-0770555** 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

**CORPORATION COMPANY OF MIAMI**  
**201 S. 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 **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	DVP	<input type="checkbox"/> DELETE
NAME	ARDITI, MAURICE	
STREET ADDRESS	3 GROVE ISLE DR, STE 602	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ARDITI, IRENE	
STREET ADDRESS	3 GROVE ISLE DR, STE 602	
CITY-ST-ZIP	MIAMI FL 33133	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3 GROVE ISLE DRIVE STE 1210</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3 GROVE ISLE DRIVE STE 1210</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>
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: \_\_\_\_\_ DATE: **04/6/99** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)