

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

00 JUN -1 PM 1:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # P98000026823

1. Corporation Name CASA DE RESORTE PASO FINO, INC.

Principal Place of Business 4108 N 51 AVE HOLLYWOOD FL 33021 Mailing Address POST OFFICE BOX 45370 PLANTATION FL 33318 4108 N 51 AVE HOLLYWOOD FL 33021

REINSTATEMENT 99-00

2. Principal Place of Business, 2a. Mailing Address, 3. Date Incorporated or Qualified (03/23/1998), 4. FEI Number (65-0821240), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), 6. Election Campaign Financing (\$5.00 May Be Added to Fees), 8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent (AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134), 10. Name and Address of New Registered Agent (Patricia L. Perez, P.A. 2222 Ponce de Leon Blvd. Pt Suite Coral Gables FL 33134)

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] DATE: 5/26/00

12. OFFICERS AND DIRECTORS (PSTD OLSEN, ZARELLA M 4108 N 51 AVE HOLLYWOOD FL 33021), 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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] 03/06/00 (954) 3097790

CR2E:034 (1/198)