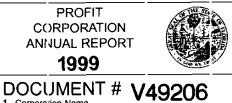
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

C.A.H. ENTERPRISES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90178 041 ***150.00

Principal Place of Business Mailing Address												
3399 PONCE DE LEON BLVD 3399 PONCE DE LEON BLVD												
#201 #201 CORAL GABLES FL 33134 CORAL GABLES FL 33134			33134				DO NOT WRITE IN TH'S SPACE					
CORAL GABIL	:0 FC 30104	OUTAL GABLES TE	. 00101				3. Date ir corpo 07/09/199	rated or Qualifed				
2 Principa (Place of Business	2a. Mailing Addres					4. FEI Number	· L			App	lied For
21	lage of Beamees	26					58-16382	77			Not	Applicable
Suite, Apt	. #. etc.	Suite, Apt. #, 6	etc.							\$8.7	75 Ar	Iditional
22	·	27					5. Certificate of	Status Desired		Fe	e Rec	uired
City & Sa	ite	City & State					6. Electio i Can	npaign Financing		\$5.	00 A	1ay Be
23		28					Trust Fund C	Contribution	' ∐ 		ded to	
Zip Country		Zip	Ci	Country			8. This corpora	tion owes the cu	rrent year Inta	ngible		1
24	25	29	30				Personal Property Tax.			☐ Yes	□No	
	9. Name and Add ess of Cu	rrent Registered Agent			,		10. Name and A	Address of New	Registered A	lgent		
				81	Nam	.e						
	NSKY, MAURICE			82	Street	et Addr	ess (P.O. Box Num	ber is Not Acces	table)			
	ROVINO AVE				. Gliebt Addi			,				
CO	RAL GABLES FL 33156			83			•					
					0:1	—-				85	Zip C	
				84	City				FL	63	Zip Ci	, de
SIGNATURE	Signature, typed or printed nai re of registered	agent and title if applicable. ANE DIRECTORS	(NOTI.: Register		nt signatu	e require	ADDITIC NS/C	HANGES TO O	FFICERS /\N			
TITLE	D	☐ DEI	ETE 1.1	TITLE						☐ Cha	nge	Addition
NAME	HOPKINS, CAROL		1.2	NAME								
STREET ADDRESS	3399 PNCE D LEON BVD 2	01	1.3	STREE	TADDRES	ss S						1
CITY-ST-ZIP	CORAL GABLES FL		1.4	CITY-S	T-ZIP							
TITLE		☐ DEL	ETE 2.1	TITLE						Cha	nge	☐ Addition
NAME			2.2	NAME)
STREET ADDRESS	s		2.3	STREE	TADDRES	ss						·
CITY-ST-ZIP				CITY-S	ST-ZIP							
TITLE		DEI	ETE 3.1	TITLE						Cha	nge	Addition
NAME			32	NAME								
STREET ADDRESS	5		3.3	STREE	TADDRES	3S						
CITY-ST-ZIP				. CITY-S	ST-ZIP	—-						
TITLE		☐ DEI	LETE 4.1	TITLE		1				☐ Cha	nge	☐ Addition
NAME			1	2 NAME								-
STREET ADDRESS	5		4.3	STREE	TADDRE	3S						
CITY-ST-ZIP				CITY-S	ST-ZIP	 -					nac	C Addition
TITLE		☐ DE		TITLE						Cha	inge	Addition
NAME				NAME		_						
STREET ADDRESS	S				TADDRES	5S						
CITY-ST-ZIP				CITY-S	ST-ZIP							☐ Addition
TITLE		☐ DEI		TITLE						Cha	iilye	☐ Addition
NAME				NAME	TADDRES							
						42 I						

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 chapter 607 and affect or on an affect neptricity 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 chapter 607.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP