

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L24455 (2)

1. Corporation Name

EL CAIRO, INC.



Principal Place of Business

% ROGER G SABERSON
70 SE 4TH AVE
DELRAY BEACH FL 33483-1514

Mailing Address

% ROGER G SABERSON
70 SE 4TH AVE
DELRAY BEACH FL 33483-1514

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**SABERSON, RAUL G.
70 SE 4TH AVE
DELRAY BEACH FL 33483-1514**

3. Date Incorporated or Qualified 10/23/1989	3a. Date of Last Report 07/24/1995
4. FET Number 65-0166273	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
10. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(4), 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 607.05(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
2. NAME	LANCHEROS, RAUL	
3. STREET ADDRESS	6981 NW 9TH ST	
4. CITY, ST, ZIP	MARGATE FL	
1. TITLE	D	☐ DELETE
2. NAME	GARCIA, LUIS A	
3. STREET ADDRESS	6981 NW 9TH ST	
4. CITY, ST, ZIP	MARGATE FL	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this form 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 Book 12 or Book 13 of the general or special affected with an affidavit.

SIGNATURE: RAUL LANCHEROS 2-15-96 954 968 3578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)