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Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90132 003 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000081587

1. Corporation Name  
CADE INVESTMENTS GROUP, INC.

Principal Place of Business

201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

65-0785259

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

2. Principal Place of Business

21 825 BRICKELL BAY DR

Suite, Apt. #, etc.

22 SUITE 1846

City & State

23 MIAMI FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 825 BRICKELL BAY DR

Suite, Apt. #, etc.

27 SUITE 1846

City & State

28 MIAMI FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

RAPPART, STEPHEN R  
201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME MARQUEZ, SIXTO  
STREET ADDRESS 201 ALHAMBRA CIR STE 711  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME MARQUEZ, SIXTO  
1.3 STREET ADDRESS 825 BRICKELL BAY DR # 1846  
1.4 CITY-ST-ZIP MIAMI, FL 33131

2.1 TITLE S ☐ Change ☒ Addition  
2.2 NAME MARQUEZ, SORAYA  
2.3 STREET ADDRESS 825 BRICKELL BAY DR # 1846  
2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/13/99

Daytime Phone #

305-368-9591

CR2E034 (11/98)