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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 010328

CABALLERO INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address				1,100,110				
611 OCEAN DR	•	611 OCEAN DR.							• •	
9F	FI 00440	9F	40			DO NOT	WRITE IN THIS	SPACE		-
KEY BISCAYNE FL 33149 US		KEY BISCAYNE FL 33149 US			Date Incorporated or Qual		0,,,,,,,			
03		00				04/13/1921				
a Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apr	lied For	,.
-	lace of Busiliess	26				59-1004262			Applicable	188
Suite Ant	# etc	Suite, Apt. #, etc.			•		. –	\$8.75 A		100
Suite, Apt. #, etc.		27				5. Certifcate of Status Desire	ed L	Fee Re	quired	
City & State	e	City & State				6. Election Campaign Finance	oing	\$5.00	May.Be:	Ξ.
23		28				Trust Fund Contribution	, v =	Added to		
Zip	Country	Zip	Cou	untry		8. This corporation owes the	current year Inta	angible	The state of the s	
24	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of Curre					10. Name and Address of N	ew Registered	Agent		
				81	Name					
	ALLERO, LOURDES G.			82	Street Addre	ess (P.O. Box Number is Not Ac	centable)			
611 OCEAN DR					Stieet Addit	ess (P.O. Box Number is Not Acceptable)				
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	BISCAYNE FL 33149			04	O:4			1001 4PV	,000	
	BISCAYNE FL 33149			84	City		FL.	.		
KEY		i02 and 607.1508, Florida St	atutes, the a	L L	named corn	oration submits this statement for	FL r the purpose of	changing its	registered	
11. Pursuant	to the provisions of Sections 607.05	e of Florida. Such change wa	is authorize	bove-i	named corn	oration submits this statement for on's board of directors. I hereby a	r the purpose of accept the appoi	changing its ntment as reg	registered	
11. Pursuant office or reagent. I a		e of Florida. Such change wa	is authorize	bove-i	named corn	oration submits this statement for on's board of directors. I hereby a	r the purpose of accept the appoi	changing its ntment as reg	registered	
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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 appears, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90071 019 ***150.00