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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 685549

CASA GATTI-GARCIA, INC.

(8	)
	-

**FILED** Jan 27 1997 8:00am Secretary of State



Principal Place of Business 19 S.E. 2ND AVENUE #7 MIAMI FL 33131			Mailing Address 19 S.E. 2ND AVENUE #7 MIAMI FL 33131-1505							
							3. Date Incorporated or Qualified 08/27/1980		Date of Last F 1/24/1996	₹eport
<b>⊢</b> ≒	Place of Business	F¬	ig Address				4. FEI Number	<u> </u>		pplied For
Suite: Apt	t #Let	26 Suite	Apt. #, etc.				59-2124687			ot Applicable Additional
22	. #, Gtv	27	, ript. #, 6t6.				5. Certificate of Status Desired			equired
City & Sta	de	City 8	l State		****		Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		Cou	ntry	•	8. This corporation has liability for			s. 199.032,
24	25 29 30			30			Fiorida Statutes  10. Name and Address of New F	Yes		
GA.	9, Name and Address of C TTI, ERIKA A	Jurrent Registered	Agent		81	Name	10. Name and Address of New P	egistered	) Agent	
	S.E. 1ST.			\				1		
MIA			82	Street Add	ress (P.O. Box Number is Not Accept	able)				
					В3					
				h	84	City	10-921-11-3		<b>85</b> Zip	Code
		7.0000 1.007.100	S. F. 17 B. 1				poration submits this statement for the	F	<b>L</b> .	
office or agent 1 SIGNATURE	registered agent or both, in the am fam far with, and accept the stopped on the discount of the control of the	opligations of, Secti	ion 607.Ŏ505, F	lorida Stat	utes	S	ition's board of directors. I hereby acc	ept the ap	pointment as	; registered
12.		RS AND DIRECTORS		13.		in signature requ	ADDITIONS/CHANGES TO OFF		ID DIRECTO	RS IN 12
THILF	DP		DELETE	1.1 Tri	LE				Change	Addition
hane	GATTI, JUAN C			1.2 NA	ME					
STREET ADDRESS	1062 SW 135 PLACE MIAMI FL			1.3 ST	REET	ADDRESS				
CHIM-ST-709	MINISTE		DELETE	1.4 CI		T-ZIP			Change	Addition
THLE NAME				2 1 TIT 2 2 NA					LT CHAINE	
STREET ADDRESS						ADDRESS	190			
CITY-SI-ZIP				2 4 C		}				
TITLE	***************************************		DELETE	3 1 T/3	UE				Change	Addition
NAME				3.2 NA	M:					
STREET ADORESS						ADDRESS				
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STREET ADDRESS						ADDRESS				
CITY - S1 - ZIP				4.4 CI						
TITLE			DELETE	5.1 TII				1	Change	Addition
NAME				5.2 NA	ME					
STREET ADDRESS						ADDRESS				
CITY-ST-7P			DELETE	5 4 CI	_	T-ZIP			☐ Change	Addition
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NAME OTDER LANGUE DE				62 NA		ADDRESS				
STREET ADDRESS CHTY-ST-ZIP				1		ADDRESS				
0111131 201				■ 04U	11-0	ST - ZIP				

I do 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 ame an officer or director of the corporation or the receiver or fruffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if changed or on an attachment with an oddress.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OF

305-371-4040