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FILED

Jan 29, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-29-1999 90009 028 \*\*\*\*150.00

DOCUMENT # 685549

i. Corporation Name  
CASA GATTI-GARCIA, INC.



Principal Place of Business  
28 SE 1 ST  
MIAMI FL 33131  
S

Mailing Address  
228 SE 1 ST  
MIAMI FL 33131  
US

DO NOT WRITE IN THIS SPACE

|                             |                     |  |
|-----------------------------|---------------------|--|
| Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified<br>08/27/1980  |
| Suite, Apt. #, etc.         | Suite, Apt. #, etc. | 4. FEI Number<br>59-2124687  |
| City & State                | City & State        | Applied For<br>Not Applicable  |
| Zip                         | Zip                 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |
| Country                     | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |
|                             |                     | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GATTI, ERIKA A  
228 S.E. 1ST.  
MIAMI FL FL 33131

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

| OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|------------------------|--|---|---|
| NAME                   | DP GATTI, JUAN C <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS         | 228 SE 1 ST                                      | 1.2 NAME  |   |
| -ST-ZIP                | MIAMI FL 33131                                   | 1.3 STREET ADDRESS                                    |   |
|                        |  | 1.4 CITY-ST-ZIP                                       |   |
|                        |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 2.2 NAME  |   |
|                        |  | 2.3 STREET ADDRESS                                    |   |
|                        |  | 2.4 CITY-ST-ZIP                                       |   |
|                        |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 3.2 NAME  |   |
|                        |  | 3.3 STREET ADDRESS                                    |   |
|                        |  | 3.4 CITY-ST-ZIP                                       |   |
|                        |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 4.2 NAME  |   |
|                        |  | 4.3 STREET ADDRESS                                    |   |
|                        |  | 4.4 CITY-ST-ZIP                                       |   |
|                        |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 5.2 NAME  |   |
|                        |  | 5.3 STREET ADDRESS                                    |   |
|                        |  | 5.4 CITY-ST-ZIP                                       |   |
|                        |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |  | 6.2 NAME  |   |
|                        |  | 6.3 STREET ADDRESS                                    |   |
|                        |  | 6.4 CITY-ST-ZIP                                       |   |

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: ERIK A GATTI **SIGNATURE REQUIRED** 1/9/99 (305) 371-0040  
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)