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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 685549

i. Corporation Name

CASA GATTI-GARCIA, INC.

. Principal Place of Business

GATTI, ERIKA A

228 S.E. 1ST. MIAMI FL FL 33131

Suite, Apt. #, etc.

City & State

Zip

rincipal Place of Business		Mailing Address	
•	,		

2a. Mailing Address

City & State

Zip .

Suite, Apt. #, etc.

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28 SE 1 ST 228 SE 1 ST IAMI FL 33131 MIAMI FL 33131 S US

Country

9. Name and Address of Current Registered Agent

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FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90009 028 ***150.00

· · ·							
	DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualifed 08/27/1980						
	4. FEI Number 59-2124687	Applied For Not Applicable					
		\$8.75 Additional Fee Required					
	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
	This corporation owes the current year Intang Personal Property Tax.	gible .]Yes □No					
	10. Name and Address of New Registered Age	ent					
Name		{					
Street Addres	ss (P.O. Box Number is Not Acceptable)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
City		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, and formities with and accept the obligations of Section 607.0505. Florida Statutes

Country

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	Signature, typed or printed name of registered agent and title if a		Registered Agent signature require	ed when reinstating)	DATE	
	OFFICERS AND DIREC	13.	ADDITIONS/CHANGES TO OFF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
: [DP	☐ DELETE	1.1 TITLE	S. B. Martine	☐ Chaпge	☐ Addition
ε)	GATTI, JUAN C		1.2 NAME			
ET ADDRESS	228 SE 1 ST		1.3 STREET ADDRESS	- . •		
-ST-ZIP	MIAMI FL 33131		1.4 CITY-SY-ZIP			
		☐ DELETE	2.1 TITLE		Change	Additio
	•		2.2 NAME			
ET ADDRESS		•	2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		**
-ST-ZIP	22507 CT 10 124 5		2.4 CITY-ST-ZIP			
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3 3			3.2 NAME			
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Ì			4.2 NAME		11	
ET ADDRESS			4.3 STREET ADDRESS			
ST-ZIP			4.4 CITY-ST-ZIP	÷		
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ľ			5.2 NAME			
ET ADDRESS			5.3 STREET ADDRESS	• •		
T-ZIP	ાં કે કરો છે.		5.4 CITY-ST-ZIP			
		☐ DELETE	6.1 TITLE		Change	Additio
2.3	STREAM CANNEL CONTRACTOR CONTRACT		6.2 NAME		-	
TADDRESS	A CONTRACT OF STATE	•	6.3 STREET ADDRESS			
T-ZIP			6.4 CITY-ST-ZIP		•	

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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in lock 12 or Block 13 if changed or on a machine with an address, with all other like empowered.

NATURE:

ONATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 (301) 371-404 (

32E034 (11/08)