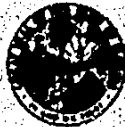


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra R. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F91483

(0)

1. Corporation Name

CADAVAL ENTERPRISES, INC.

Principal Place of Business

**88875 OVERSEAS HWY
PO BOX 292
KEY LARGO FL 33037
US**

Mailing Address

**P O BOX 292
PO BOX 292
TAVERNIER FL 33070
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2218382

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**CADAVAL, LUIZ
154 REDWING ROAD
TAVERNIER FL 33070**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VS
NAME	CADAVAL, OLGA
STREET ADDRESS	154 REDWING RD
CITY-ST-ZIP	TAVERNIER, FL 00000
TITLE	PD
NAME	CADAVAL, LUIZ
STREET ADDRESS	154 REDWING RD
CITY-ST-ZIP	TAVERNIER, FL 00000
TITLE	VST
NAME	CADAVAL, OLGA
STREET ADDRESS	154 REDWING RD
CITY-ST-ZIP	TAVERNIER, FL 00000
TITLE	D
NAME	CADAVAL, MAURICIO
STREET ADDRESS	154 REDWING RD
CITY-ST-ZIP	TAVERNIER, FL 00000
TITLE	D
NAME	CADAVAL, MELISSA
STREET ADDRESS	154 REDWING RD
CITY-ST-ZIP	TAVERNIER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VST	☒ Change ADDRESS
1.2 NAME	OLGA CADAVAL	
1.3 STREET ADDRESS	22 GRAYVILK DR	
1.4 CITY-ST-ZIP	KEY LARGO FL 33037	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VS CADAVAL OLGA	☒ Change ADDRESS
3.2 NAME	22 GRAYVILK DR	
3.3 STREET ADDRESS	KEY LARGO FL 33037	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OLGA CADAVAL

04-16-95

305-367 3638

Date

Daytime Phone