FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F91483** **(0)**

1. Corporation Name
CADAVAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
99875 OVERSEAS HWY PO BOX 292 KEY LARGO FL 33037 US	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	VST ☒ Change ☐ Addition
NAME	CADAVAL, OLGA	1.2 NAME	OLGA CADAVAL
STREET ADDRESS	154 REDWING RD	1.3 STREET ADDRESS	22 GRAYVIK DR
CITY-ST-ZIP	TAVERNIER, FL 00000	1.4 CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CADAVAL, LUIZ	2.2 NAME	
STREET ADDRESS	154 REDWING RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	VS CADAVAL OLGA ☒ Change ☐ Addition
NAME	CADAVAL, OLGA	3.2 NAME	
STREET ADDRESS	154 REDWING RD	3.3 STREET ADDRESS	22 GRAYVIK DR
CITY-ST-ZIP	TAVERNIER, FL 00000	3.4 CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CADAVAL, MAURICIO	4.2 NAME	
STREET ADDRESS	154 REDWING RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CADAVAL, MELISSA	5.2 NAME	
STREET ADDRESS	154 REDWING RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: [signature] OLGA CADAVAL 04-16-95 305-367 3638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0439700 PP