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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F91483

(0)

CADAVAL ENTERPRISES, INC.

FILED	
May 16 1997 8:00an	n
Secretary of State	

***************************************	4141 11411 4144 1414	

Principal Place of Business Mailing Address								
99675 OVERSE		P O BOX 292						
PO BOX 292		PO BOX 292						
KEY LARGO FL US	. 33037	TAVERNIER FL 33070 US	0292			3. Date Incorporated or Qualified 07/21/1982	3a. Date of t	
· ·	lace of Business	2a, Mailing Address		· · · · · · ·		4. FFI Number		Applied For
21		26				59-2218382		Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc 27	·.			5. Certificate of Status Desired		.75 Additional ee Required
City & State	е	City & State		6. Election Campaign Financing		5.00 May Be		
23 Zip	Country	28		r == 1 ==		Trust Fund Contribution		dded to Fees
24 24	25	29	30	anuy		8. This corporation has liability for in Florida Statutes	itangiblø tax ur ∕Yes ☐ No	ider s. 199.032,
	9. Name and Address of Current			Ţ		10. Name and Address of New Reg		
CAD	AVAL, LUIZ			61	Name			
	REDWING ROAD			82	Street Addr	ess (P.O. Box Number is Not Acceptabl	<u> </u>	
	ERNIER FL 33070			L	OHOUL MUUI	VSV (1.10). DON PRINTED IS 1101 MODELLINO	~,	
				83				
				84	City		85	Zip Code
				<u> </u>			PL	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	tand 607.1508, Florida S of Florida, Such change t	Statutes, the al was authorize	bove- d by t	named corp the corporat	oration submits this statement for the pu ion's board of directors. I hereby accept	irpose of chang the appointme	ging its registered ent as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.050	5, Florida Stal	lutes.	·	,	, ,	, i
SIGNATURE	Signature, typed or printed name of registered ages	Land title if apolicable	fleCiti for custanti	d Agent	Signalue requir	ed when reinstating)	DATE	
12.	OFFICERS AND		13.		9 10 2 1	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLÉ	VST	DELET	E 1.1 JI	ITLE			Cr	ange Addition
NAME	CADAVAL, OLGA	•	1.2,N	AME				
STREET ADDRESS	22 GRAYVIK DR.		1.3 S1	TREET A	DDRESS			
CITY-ST-ZIP	KEY LARGO FL			(TY - ST -	7tP			
TITLE	PD	DELETE						ange L_ Addition
NAME	CADAVAL, LUIZ		2.2 N		}			
STREET ADDRESS	154 REDWING RD				DDRESS			
CITY-ST-ZIP	TAVERNIER, FL 00000 VS	DELET		HY-SI	- ZIP		☐ CF	ange Addition
TITLE NAME	CADAVAL, OLGA	ביי טנונוו	3.1 Ti				L.) U	lange [_] Audition
STREET ADDRESS	22 GRAYVIK DR.				DDRESS			
CITY-ST-ZIP	KEY LARGO FL			ITY-SI	ì			Ì
TITLE	D	DELFT			-"		CH	ange Addition
NAME	CADAVAL, MAURICIO		4. 2 N	AME				
STREET ADDRESS	154 REDWING RD		4.3 \$1	TREET A	DORESS]
CITY-ST-ZIP	TAVERNIER, FL 00000			ITY-ST-	ZIP			
TITLE	D	DELETI	5.1 11	TLE			☐ Ct	ange Addition
NAME	CADAVAL, MELISSA		5.2 N	AME				
STREET ADDRESS	154 REDWING RD		53 [5]	TREET A	DDRESS			İ
CITY-ST-ZIP	TAVERNIER FL			11Y-S1-	ZIP			
TITLE		☐ DELETI					Cr	ange Addition
NAME			6.2 N					
STREET ADDRESS					DDRES\$			
DITY-91-ZIP			6.4 CI	11Y - ST -	ZIP			

(I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0 (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 required on powered 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 in an attachment with an address.

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