

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

FILED

Jun 16 1998 8:00am
Secretary of State

CORPORATION
ANNUAL REPORT
1994 1998

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
CADAVAL ENTERPRISES, INC.

DOCUMENT #
F91483 (0)

Mailing Address
~~99675 OVERSEAS HWY~~ **NO**
PO BOX 292
LARGO FL 33070
US

Principal Place of Business
~~99675 OVERSEAS HWY~~ **NO**
P.O. Box 292
Tavernier
Key Largo FL 33070
US

Florida 33070

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21 P.O. BOX 292

2a. Principal Place of Business
26 ~~99675 OVERSEAS HWY~~

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Tavernier, FL.

28 City & State
Key Largo, FL.

24 Zip 33070 Country US

29 Zip 33037 Country US

30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/21/1982

3a. Date of Last Report
05/01/1997

4. FEI Number
59-2218382

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Requested ☐

6. Election Campaign Financing Trust Fund Contribution ☐

7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐

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

\$5.00 May Be Added to Fees

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

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0503 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when retreating)

12. OFFICERS AND DIRECTORS

1.1 TITLE V/S
1.2 NAME CADAVAL, OLGA
1.3 STREET ADDRESS 154 REDWING RD
1.4 CITY-ST-ZIP TAVERNIER, FL 00000 ZIP 33070

2.1 TITLE P/D
2.2 NAME CADAVAL, LUIZ
2.3 STREET ADDRESS 154 REDWING RD
2.4 CITY-ST-ZIP TAVERNIER, FL 00000 ZIP 33070

3.1 TITLE V/S/T
3.2 NAME CADAVAL, OLGA
3.3 STREET ADDRESS 154 REDWING RD
3.4 CITY-ST-ZIP TAVERNIER, FL 00000 ZIP 33070

4.1 TITLE D
4.2 NAME CADAVAL, MAURICIO
4.3 STREET ADDRESS 154 REDWING RD
4.4 CITY-ST-ZIP TAVERNIER, FL 00000 ZIP 33070

5.1 TITLE D
5.2 NAME CADAVAL, MELISSA
5.3 STREET ADDRESS 154 REDWING RD
5.4 CITY-ST-ZIP TAVERNIER FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning information and property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment.