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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G49393

(3)

CASA S	SUPPLY, ING.			 Indian dina and along and and along and a	BARA BARA BARA BARA BARA BARA BARA KARA
Principal Place of Business 1656 N.E. 205 TERRACE NORTH MIAMI BEACH FL 33179 US		Mailing Address 1856 N.E. 205TH TERRACE N. MIAMI BEACH FL 33179 US	2117		170 1744 1741 1814 1816 1747 1864
				3. Date Incorporated or Qualified 07/11/1983	3a. Date of Last Report 04/23/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied F
21 1650 N. Q. 205 Terrack		26 Same		59-2303982	Not App
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add
City & State		City & State		6 Station Compains Stangelon	
23 Noth		28		Election Campaign Financing Trust Fund Contribution	\$5.00 Ma
Zφ	Country	Zip	Country	8. This corporation has liability for in	
24 3317	ta 25 Dade		30		Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name -	10. Name and Address of New Reg	pistered Agent
	DMAN, DAVID, ESQ.		81 Name	DAVID KAHAN	'
	LINCOLN ROAD PH-NE MI BEACH FL 33139		82 Street Addr	ess (P.O. Box Number is Not Acceptab	(e)
MIN	WI DEMONITE 33 138		83	699 STIRKING	C049
			S _u	ik B-100 0	
			84 City	LAMBIANE	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the p	rpose of changing its registered
office or r agent. La	registered agent, or both, in the State im familiar with, and accept the oblid	eof Florida. Such change was at lations of, Section 607,0505, Flor	uthorized by the corporate	ion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE		ヹ	$D \cup V($		1/24/03
	Signature, type-1 or printed name of regimened ag		Registered Agent signature requir		DATE
12.	The state of the s	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
111LF	PD PALIAN TING	DELETE	1.1 TITLE		L Change L Addition
NAMÉ	KAHAN, LUIS 852 N.E. 204TH LANE		1.2 NAME		l:
STREET ADDRESS	N. MIAMI BEACH FL		1.3 STREET ADDRESS		Į!
CITY+ST+7IP TITLE	VST	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAMÉ	KAHAN, PENNY		2.2 NAME		C Oncome C Addition
STREET ADDRESS	652 N.E. 204TH LANE	·	2.3 STREET ADDRESS		i
CITY-ST-ZIF	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP		1
TITLE	D	☐ DELETE	31 TITLE		Change Addition
NAME	KAHAN, PENNY		3.2 NAME		
STREET ADORESS	652 N.E. 204TH LANE		3 3 STREET ADDRESS		
CI1Y+S1+Zif	N. MIAMI BEACH FL		3.4. CITY-ST-ZIP		
THE		L_ DELETE	4 1 TITLE		Change Addition
NAM)			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
COY SI-ZH		☐ DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE MARKE		□ pereie	5.1 TITLE		Fill cuants Fill Wollou
NAME STHEET ADDRESS			5.2 NAME		
City-St Zin			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
100		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
Fits C1 200			EACITY OT TIP		

14. I do 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 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 op an Alach em with an address.

SIGNATURE:

SIGNATURE AND TYPED OR E

FILED

Apr 28 1997 8:00am

Secretary of State