

2-27-97 B-2413 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H83729

(4)

1. Corporation Name  
CAISA CORPORATION

Principal Place of Business  
9130 CHATSWORTH CASCADES  
BOCA RATON FL 33434  
US

Mailing Address  
2000 BANKS RD. ~ SUITE 201-I  
MARGATE FL 33069-7735



3. Date Incorporated or Qualified 11/04/1985	3a. Date of Last Report 08/07/1996
4. FEI Number 59-2649613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Country
24	29

9. Name and Address of Current Registered Agent ROMAGOSA, GEORGE E. 9130 CHATSWORTH CASCADES BOCA RATON FL 33434	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 FL
---	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAGOSA, GEORGE E.	12 NAME	
STREET ADDRESS	320 RIVERDALE ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	PALM SPRINGS FL	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, DANIEL	22 NAME	
STREET ADDRESS	23248E ISLAND VIEW DR.	23 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33433	24 CITY - ST - ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTAL, ELENA	32 NAME	
STREET ADDRESS	PO BOX 16183 NA	33 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL 33416	34 CITY - ST - ZIP	
TITLE	ST	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, AMY	42 NAME	
STREET ADDRESS	5240 SW 5TH ST	43 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	44 CITY - ST - ZIP	
TITLE	DPS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAGOSA, GEORGE	52 NAME	
STREET ADDRESS	9130 CHATSWORTH CASCADES	53 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33434	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 on an attachment with an address.

SIGNATURE: Amy L. Mills Amy L. Mills 1-28-97 9549588310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)