

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H83729** (4)  
1. Corporation Name  
**CAISA CORPORATION**

Principal Place of Business Mailing Address  
**1130 CHATSWORTH CASCADES**  
**BOCA RATON FL 33434**  
**US 20252 Hacienda Court**  
**Boca Raton, FL. 33498**  
**2000 BANKS RD. STE 201 I**  
**MARGATE FL 33063**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/04/1985</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-2649613</b>	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROMAGOSA, GEORGE E.**  
**9430 CHATSWORTH CASCADES**  
**BOCA RATON FL 33434**  
**20252 Hacienda Court**  
**Boca Raton, FL. 33498**

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

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	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>WOLFSON, DANIEL</b>		1.2 NAME				
STREET ADDRESS	<b>23248E ISLAND VIEW DR.</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>POSTAL, ELENA</b>		2.2 NAME				
STREET ADDRESS	<b>PO BOX 16183 NA</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>W PALM BCH FL 33416</b>		2.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>HALK MILLS, AMY (married)</b>		3.2 NAME				
STREET ADDRESS	<b>5240 SW 5TH ST</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MARGATE FL 33068</b>		3.4 CITY-ST-ZIP				
TITLE	DPS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>ROMAGOSA, GEORGE</b>		4.2 NAME				
STREET ADDRESS	<b>9430 CHATSWORTH CASCADES</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>		4.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>Patricia Romagosa</b>		5.2 NAME				
STREET ADDRESS	<b>20252 Hacienda Court</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>Boca Raton, FL. 33498</b>		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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:

*Amie L. Hall*

4-9-98 954-958-8310

CR2E034 (10/97)