

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

FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J47990 (3)  
1. Corporation Name  
A. CASANOVA & ASSOCIATES, INC.



Principal Place of Business  
2809 BIRD AVE., SUITE 273  
MIAMI FL 33133

Mailing Address  
2809 BIRD AVE., SUITE 273  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 821 OAK HARBOUR DR.		26 821 OAK HARBOUR DR.		12/19/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2776979	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 JUNO BEACH, FL		28 JUNO BEACH, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		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	
24 33408		29 33408		30	

9. Name and Address of Current Registered Agent

CASANOVA, ALBERTO  
2809 BIRD AVE., SUITE 273  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81	Name	ALBERTO CASANOVA	
82	Street Address (P.O. Box Number is Not Acceptable)	821 OAK HARBOUR DRIVE	
83			
84	City	JUNO BEACH	FL
85	Zip Code	33408	

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

*Alberto Casanova* PRESIDENT

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	P	1.1 TITLE	PRESIDENT
NAME	CASANOVA, ALBERTO	1.2 NAME	ALBERTO CASANOVA
STREET ADDRESS	2809 BIRD AVE., #273	1.3 STREET ADDRESS	821 OAK HARBOUR DRIVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

*Alberto Casanova*

ALBERTO CASANOVA

1/19/98

1/19/98

CR2E034 (10/97)