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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J85564

(9)

FILED Apr 29 1997 8:00am Secretary of State

| CASABLANCA INTERNATIO | NAL, INC. | |
|-----------------------------|-----------------|--|
| | • • | |
| Principal Place of Business | Mailing Address | T 1000/10 B194 10/01 01/10 01/11 0103 0/04/ 01/01 01/01 01/01 8/04/ 01/01/ 01/01 |

| 19850 S.W. SEOTH STREET HOMESTEAD FL 33034 | | P.O. BOX 343516 FLORIDA CITY FL 33034-0516 US | | | | | | |
|---|---|--|-----------------------------------|--|---|---|---------------------------------|--|
| | | | | 3. Date Incorporated or Qualified 07/28/1987 | 3a. Date of Last Fleport 04/15/1996 | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | [26] Suite, Apt. #, etc. | Suite Ant # etc | | 59-2839828 | A 60.75 | | |
| 22 | | 27 | ├ ──┐ | | 5. Certificate of Status Desired | ortificate of Status Desired \$8.75 Additional Feo Required | | |
| City & Stat | е | City & State | ⊢ ₁ ′ | | Election Campaign Financing Trust Fund Contribution | sing \$5.00 May Be | | |
| Zip 24 | Country Zip Country 25 29 30 | | | у | 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No | | | |
| | 9. Name and Address of Cur | rent Registered Agent | | | 10. Name and Address of New Reg | istered Agent | | |
| | RQUEZ, MANUEL | | 81 | Name | | | | |
| 611 S. MASHTA DR. KEY BISCAYNE FL 33149 | | | 82 | | dress (P.O. Box Number is Not Acceptabl | e) | | |
| , | | | 83 | i | | | | |
| * . | | | 84 | City | | FL 85 2 | ip Code | |
| 11. Pursuant | to the provisions of Sections 607.0 | 0502 and 607.1508, Florida Statu | ules, the abov | L re-named cor | rporation submits this statement for the pu ation's board of directors. I hereby accept | | ig its registered | |
| office or r | registered agent, or both, in the St am familiar with, and accept the ob | ate of Florida. Such change was digations of, Section 607.0505, F | : authorized b `lorida Statuto | y the corpora is. | ation's board of directors. I hereby accep- | t the appointment | as registered | |
| SIGNATURE | | | | | | | | |
| - | Signature, lyped or printed name of registered | | | ent signature requ | uired when reinstating) | DATE | · · · · · · · · · · · · · · · · | |
| 12. | PVST | AND DIRECTORS DELETE | 13. 1.1 TO LE | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECT | | |
| NAME | MARQUEZ, MANUEL | _ Dittell | 1.2 NAME | | | LJ Chan | ge Modillori | |
| STREET ADDRESS | 611 S. MASHTA DR. | | | T ADDRESS | | | | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | | 1.4 C/TY- | | | | | |
| TITLE | | DELETE | 21 TITLE | | | Chan | ge Addition | |
| NAME | | | 2.2 NAME | | | | - | |
| STREET ADDRESS | | | 2.3 STREE | 1 ADDRESS | | | | |
| CITY-ST-ZIP | | | 2 4 CITY- | SI-ZIP | | | | |
| TITLE | | DELETE | 31 THEF | | | Chan | ge Addition | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 S1RFE | 1 ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELE1E | 4.1 1ffle | | | ☐ Chan | ge 🔲 Addition | |
| NAME : | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | ı | I ADDRESS | | | | |
| CITY+ST-ZIP TITLE | | DELETE | 4.4 City- | SI-ZIP | | Chan | ge Addition | |
| NAME . | | الله المراداة | 5.1 TITLE 5.2 NAME | | | Chari | å∧ F"T WORITION | |
| STREET ADDRESS | | | | I ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Chan | ge Addition | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY- | <u> </u> | | | | |
| | | | | | | | | |

14. Ido 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 12 or Block 12 or applications with an address.

SIGNATURE, MALLEY MALLEY

04/23/97 205-245-4601