FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **K21381** (4)

1. Corporation Name

CASA SERVICES, INC.

Principal Place of Business	Mailing Address
% MARTIN E. PONS 169 EAST FLAGLER ST #1517 MIAMI FL 33131	% MARTIN E. PONS 169 EAST FLAGLER ST #1517 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1988
3a. Date of Last Report: 08/01/1994

2. Principal Place of Business — 21 | Suite, Apt. # etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. # etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI Number: 65-0065624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PONS, MARTIN E.
169 E. FLAGLER ST.
SUITE 1517
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAIZ, FERNANDO
STREET ADDRESS	1930 NW 23RD ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	PAIZ, SERGIO
STREET ADDRESS	5253 NW 94 DORAL PL
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	PAIZ, PATRICIA
STREET ADDRESS	5253 NW 94 DORAL PL
CITY-ST-ZIP	MIAMI FL
TITLE	AS
NAME	PONS, MARTIN E
STREET ADDRESS	169 E. FLAGLER ST. SUITE 1517
CITY-ST-ZIP	MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] ME Pons A/S 5/17/95 305-371-2723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0132789 CP

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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 23 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K22991** **(9)**

1. Corporation Name

HEARTWOOD 88 INCORPORATED

Principal Place of Business

XXXXXXXX XXXXXX
1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304

Mailing Address

XXXXXXXXXXXXXXX
1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1988
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0052940 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has failed, is not eligible, ... Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

CARVALHO, JEAN
1750 E. SUNRISE BLVD
FT. LAUDERDALE FL 33310

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	LEVAN, ALAN B.	1 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	1 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1 CITY-ST-ZIP	
TITLE	T	2 TITLE	☐ Change ☐ Addition
NAME	EANES, JASPER R.	2 NAME	
STREET ADDRESS	1750 W. SUNRISE BLVD.	2 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2 CITY-ST-ZIP	
TITLE	V	3 TITLE	☐ Change ☐ Addition
NAME	DURKIN, CHARLES V.	3 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3 CITY-ST-ZIP	
TITLE	S	4 TITLE	☐ Change ☐ Addition
NAME	CARVALHO, JEAN	4 NAME	
STREET ADDRESS	1750 E. SUNRISE BLVD	4 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4 CITY-ST-ZIP	
TITLE	D	5 TITLE	☐ Change ☐ Addition
NAME	GRIECO, FRANK V.	5 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	5 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5 CITY-ST-ZIP	
TITLE	P	6 TITLE	☐ Change ☐ Addition
NAME	SARRICA, LEWIS	6 NAME	
STREET ADDRESS	1750 E SUNRISE BLVD	6 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jean Carvalho 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0211969 CP