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PROFIT CORPORATION ANNUAL REPORT

1996

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

2. Principal Place of Business	2a. Mailing Address
21 13727 S.W. 152 St.	26 13727 S.W. 152 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 325	27 SUITE 325
City & State	City & State
23 MIAMI, FL	28 MIAMI, FL
Zip / Country	Zip / Country
24 33177 / 25	29 33177 / 30

3. Date Incorporated or Qualified: 04/20/1988

3a. Date of Last Report: 05/22/1995

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: PONS, MARTIN E.

82 Street Address (P.O. Box Number is Not Acceptable): 200 S. BISCAYNE BLVD. #4920

83

84 City: MIAMI **FL** 85 Zip Code: 33131

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: _____ MARTIN E. PONS 4/18/96

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAIZ, FERNANDO 1930 NW 23RD ST. MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAIZ, SERGIO 5253 NW 94 DORAL PL MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAIZ, PATRICIA 5253 NW 94 DORAL PL MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS PONS, MARTIN E 169 E. FLAGLER ST. SUITE 1517 MIAMI FL 33131	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition AS PONS, MARTIN E. 13727 S.W. 152 St. #325 MIAMI, FL. 33177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ MARTIN E. PONS 4/18/96 (305) 373-5444

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