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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-74P



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 03 1997 8:00am

Secretary of State

0241393

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # KO1381

141

1. Corporation Name CASA SERVICES, INC.  Principal Place of Business  13727 SW 152 ST  SUITE 325  MIAMI FL 33177  MIAMI FL 33177-1106							
US		US			<ol> <li>Date Incorporated or Qualified 04/20/1988</li> </ol>	3a. Date of L 04/24/19	
2. Principal P 21	lace of Business	2a. Mailing Address	····		4. FEI Number 65-0065624		Applied For Not Applicable
Suite Apt. 22	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State	e	City & State		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Election Campaign Financing     Trust Fund Contribution	\$5	i.00 May Be
Z(p)	Country Zip		Countr 30	У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	g. Name and Address of Curre				10. Name and Address of New I	Registered Agent	
	IS, MARTIN E.		8	Name			
200 S BISCAYNE BLVD SUITE 4920 SUITE 1517			8:	Street Ado	iress (P.O. Box Number is Not Accept	able)	
MIA	MI FL 33131		8:	3			
			8,	City		FL 85	Zip Code
agent La SIGNATURE	Styruture, type diter printed mone of region red a				poration submits this statement for the ation's board of directors. I hereby accurred when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	
TITLE	D DELETE		1.1 TITLE	T	ADDITIONS/OFFICIAL CO. TO. OFF	Ch	
NAVE	PAIZ, FERNANDO			:			
STREET ADDRESS	1930 NW 23RD ST.		1	T ADDRESS			{i
CHY \$1-7FF	MIAMI FL D		1.4 CITY - 2.1 TITLE	\$T-ZIP		Ch	ange Addition
NAME .	PAIZ, SERGIO	LJ PICITI	2.1 HAME	:			ange [ ] radiion
STREET ADDRESS	5253 NW 94 DORAL PL		2.3 STREE	T ADDRESS	•		1
CITA - 21- 51- 51-	MIAMI FL	er oor dan deel er en de kommente er en kommente beginning van de besteken en de besteken en de besteken en de	2. 4 CiTY		····		
TIPLE COLUMN	D Paiz, patricia	DELETE	31 TITLE	1	,	" LJ Ch	ange Addition
NAME STREET ADDRESS	5253 NW 94 DORAL PL		3.2 NAME	T ADDRESS			}
CHY-ST-ZIF	MIAMI FL		3.4. CITY	ì			
TELE	AS	DELETE	4.1 TITLE		<u> </u>	□ Ch	ange Addition
NAME	PONS, MARTIN E	•	4. 2 NAM	1			
STREET ADDRESS	13727 SW 152 ST SUITE 325   MIAMI FL	,		T ADDRESS			
CHTY+S1+ZiP (		☐ DELETE	4.4 CITY- 5.1 TITLE			☐ Ch	ange Addition
NAME			5.2 NAME				Ė
STREET ADORESS			5.3 STREE	T ADDRESS			
C(17 - S) - Z(F)	The second secon	Dr. Fre	5.4 CITY		**************************************		ango Additio
TITLE		☐ DELETE	6.1 TITLE	ì		L] Ch	ange Addition
NAME STHEET ADDRESS			6.2 NAME	ET ADDRESS			ļ

305-373-3936 MANAW E OCHS SIGNATURE:

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 of 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.