

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90081 042 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K21381**

1. Corporation Name  
**CASA SERVICES, INC.**

Principal Place of Business

13727 SW 152 ST  
 SUITE 325  
 MIAMI FL 33177  
 US

Mailing Address

13727 SW 152 ST  
 SUITE 325  
 MIAMI FL 33177  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1988

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **40 MARLOW PONS**

2a. Mailing Address

26 **40 MARLOW PONS**

Suite, Apt. #, etc.

22 **9370 SUNSET DR #A-100**

Suite, Apt. #, etc.

27 **9370 SUNSET DR #A-100**

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

Zip

24 **33173**

Country

25

Zip

29 **33173**

Country

30

9. Name and Address of Current Registered Agent

**PONS, MARTIN E.  
 9370 SUNSET DR  
 SUITE B1W  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **MARTIN E PONS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**9370 SUNSET DRIVE**  
 83 **SUITE A-100**  
 84 City **MIAMI** FL 85 Zip Code **33173**

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

*[Signature]*

**MARTIN E PONS**

4/16/99

DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  DELETE

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 **13727 SW 152 ST SUITE 325**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS **9370 SUNSET DRIVE #A-100**  
 4.4 CITY-ST-ZIP **MIAMI, FL 33173**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REMAINING **MARTIN E PONS AS** 4/16/99 305-275-7072  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)