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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K95187** **(6)**

1. Corporation Name
CASAN INVESTMENTS INC.

Principal Place of Business	Mailing Address
% WILFEDO SANTIAGO 3430 N MIAMI AVE MIAMI FL 33127-3526	% WILFEDO SANTIAGO 3430 N MIAMI AVE MIAMI FL 33127-3526

3. Date Incorporated or Qualified: 06/14/1989
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21: 3312 N Miami Ave
22: Suite, Apt. #, etc.:
23: City & State: Miami Fla
24: Zip: 33127 25: Country: USA

2a. Mailing Address
26: 3312 N Miami Ave
27: Suite, Apt. #, etc.:
28: City & State: Miami Fla 33127
29: Zip: 33127 30: Country: USA

4. FEI Number: 59-6524488 ☐ 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**

SANTIAGO, WILFREDO
3430 S MIAMI AVE
MIAMI FL 33172

10. **Name and Address of New Registered Agent**

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3312 N. Miami Ave
83:
84 City: Miami Fla FL 85 Zip Code: 33127

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	SANTIAGO, WILFREDO		1.2 NAME		
STREET ADDRESS	3430 N MIAMI AVE		1.3 STREET ADDRESS	3312 N. Miami Ave	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Fla 33127	
TITLE	V	☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME	SANTIAGO, GEORGINA		2.2 NAME		
STREET ADDRESS	3430 N MIAMI AVE		2.3 STREET ADDRESS	3312 N Miami Ave	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami Fla 33127	
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 above, or on an attachment with an address.

SIGNATURE: [signature] Wilfredo Santiago 01-23-97 593-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #