

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L24455** (2)

1. Corporation Name  
**EL CAIRO, INC.**



Principal Place of Business: **% ROGER G SABERSON 70 SE 4TH AVE DELRAY BEACH FL 33483-1514**  
Mailing Address: **% ROGER G SABERSON 70 SE 4TH AVE DELRAY BEACH FL 33483-1514**

3. Date Incorporated or Qualified: **10/23/1989**  
3a. Date of Last Report: **07/24/1995**  
4. FEI Number: **65-0166273**  
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent  
**SABERSON, RAUL G. 70 SE 4TH AVE DELRAY BEACH FL 33483-1514**

10. Name and Address of New Registered Agent  
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.05(3), 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 607.05(3), Florida Statutes.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11.1 NAME: <b>D LANCHEROS, RAUL</b>	<input type="checkbox"/> DE.FILE
11.2 STREET ADDRESS: <b>6981 NW 9TH ST MARGATE FL</b>	
11.3 CITY, STATE, ZIP: <b>D GARCIA, LUIS A 6981 NW 9TH ST MARGATE FL</b>	<input type="checkbox"/> DE.FILE
11.4 NAME: <b>D GARCIA, LUIS A</b>	
11.5 STREET ADDRESS: <b>6981 NW 9TH ST MARGATE FL</b>	
11.6 CITY, STATE, ZIP: _____	<input type="checkbox"/> DE.FILE
11.7 NAME: _____	
11.8 STREET ADDRESS: _____	
11.9 CITY, STATE, ZIP: _____	<input type="checkbox"/> DE.FILE
11.10 NAME: _____	
11.11 STREET ADDRESS: _____	
11.12 CITY, STATE, ZIP: _____	<input type="checkbox"/> DE.FILE
11.13 NAME: _____	
11.14 STREET ADDRESS: _____	
11.15 CITY, STATE, ZIP: _____	<input type="checkbox"/> DE.FILE
11.16 NAME: _____	
11.17 STREET ADDRESS: _____	
11.18 CITY, STATE, ZIP: _____	<input type="checkbox"/> DE.FILE
11.19 NAME: _____	
11.20 STREET ADDRESS: _____	
11.21 CITY, STATE, ZIP: _____	<input type="checkbox"/> DE.FILE
11.22 NAME: _____	
11.23 STREET ADDRESS: _____	
11.24 CITY, STATE, ZIP: _____	<input type="checkbox"/> DE.FILE
11.25 NAME: _____	
11.26 STREET ADDRESS: _____	
11.27 CITY, STATE, ZIP: _____	<input type="checkbox"/> DE.FILE
11.28 NAME: _____	
11.29 STREET ADDRESS: _____	
11.30 CITY, STATE, ZIP: _____	<input type="checkbox"/> DE.FILE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: _____	
13.3 STREET ADDRESS: _____	
13.4 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME: _____	
13.6 STREET ADDRESS: _____	
13.7 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME: _____	
13.9 STREET ADDRESS: _____	
13.10 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME: _____	
13.12 STREET ADDRESS: _____	
13.13 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME: _____	
13.15 STREET ADDRESS: _____	
13.16 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 NAME: _____	
13.18 STREET ADDRESS: _____	
13.19 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is completely furnished and does not qualify for the exemption stated in Section 119.07(2)(k), Florida Statutes. I further certify that the information relates to the annual report or reports and 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the journal or in any attached record with an affidavit.

SIGNATURE: *Raul Lancheros* **RAUL LANCHEROS** 2-15-96 954 968 3598  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)