Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90280 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L24455

EL CAIRO, INC.

| EL CAIM                                                                                                                                                                                                                                                                                       | U, INC.                                                                                                                                      |                                                                      |                                                                                                                                                                                                       |                                                                                    | <br>                                  | r dur flam alân ûnûû i | ATT THE TITE T                                     | IEN 818H 418H 4              | 11817 <b>218</b> 11 188)             |
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|                                                                                                                                                                                                                                                                                               |                                                                                                                                              |                                                                      |                                                                                                                                                                                                       |                                                                                    |                                       |                        |                                                    |                              |                                      |
| Principal Place                                                                                                                                                                                                                                                                               | e of Business                                                                                                                                | Mailing Address                                                      |                                                                                                                                                                                                       |                                                                                    |                                       |                        | ,,, <b>a</b> , <b>a</b> ,,, <b>,</b> , <b>a</b> ,, | 1916 B1811 A1911 I           | 11011 01011 1001                     |
| % ROGER G SA                                                                                                                                                                                                                                                                                  | ABERSON                                                                                                                                      | % ROGER G SABERSON                                                   |                                                                                                                                                                                                       |                                                                                    |                                       |                        |                                                    |                              |                                      |
| 70 SE 4TH AVE 70 SE 4TH AVE DELRAY REACH FL 33483-1514 DELRAY REACH FL 33483-15                                                                                                                                                                                                               |                                                                                                                                              |                                                                      | 5 <i>A</i>                                                                                                                                                                                            |                                                                                    | DO NOT WRITE IN THIS SPACE            |                        |                                                    |                              |                                      |
| DELRAY BEACH FL 33483-1514 DELRAY BEACH FL 33483-1514                                                                                                                                                                                                                                         |                                                                                                                                              |                                                                      |                                                                                                                                                                                                       | 3. Date Incorporated or Qualified                                                  |                                       |                        |                                                    |                              |                                      |
|                                                                                                                                                                                                                                                                                               | •                                                                                                                                            |                                                                      |                                                                                                                                                                                                       |                                                                                    | 10/23/19                              |                        |                                                    |                              | ļ                                    |
| 2. Principal Pl                                                                                                                                                                                                                                                                               | lace of Business                                                                                                                             | 2a. Mailing Address                                                  |                                                                                                                                                                                                       |                                                                                    | 4. FEI Number                         |                        |                                                    | Ap                           | plied For                            |
| 21                                                                                                                                                                                                                                                                                            | - 4                                                                                                                                          | 26                                                                   |                                                                                                                                                                                                       |                                                                                    | 65-01662                              | 73                     |                                                    | No                           | t Applicable                         |
| Suite, Apt.                                                                                                                                                                                                                                                                                   | #, etc.                                                                                                                                      | Suite, Apt. #, etc.                                                  | · · -                                                                                                                                                                                                 |                                                                                    |                                       | f Status Desired       |                                                    | \$8.75                       |                                      |
| 22                                                                                                                                                                                                                                                                                            |                                                                                                                                              | 27                                                                   |                                                                                                                                                                                                       |                                                                                    | 5. Certificate of                     | Janus Desireu          |                                                    | Fee Re                       | quired                               |
| City & State                                                                                                                                                                                                                                                                                  | 8                                                                                                                                            | City & State                                                         |                                                                                                                                                                                                       |                                                                                    | 6, Election Car                       | mpaign Financing       | П                                                  | \$5.00                       | , ,                                  |
| 23                                                                                                                                                                                                                                                                                            |                                                                                                                                              | 28                                                                   |                                                                                                                                                                                                       | •                                                                                  | Trust Fund                            |                        |                                                    | Added t                      | to Fees                              |
| Zip                                                                                                                                                                                                                                                                                           | Country                                                                                                                                      | Zip                                                                  | Country                                                                                                                                                                                               |                                                                                    | 1                                     | ation owes the cur     | rent year Int                                      | angible<br>□Yes              | XNo                                  |
| 24                                                                                                                                                                                                                                                                                            | 25                                                                                                                                           | 29 3                                                                 | 10)                                                                                                                                                                                                   |                                                                                    | Personal Pr                           | Address of New         | Penistered                                         |                              | Aug                                  |
|                                                                                                                                                                                                                                                                                               | 9. Name and Address of Current                                                                                                               | r Kedistered Agent                                                   | 81                                                                                                                                                                                                    | Name (                                                                             |                                       | NCHERO                 |                                                    |                              |                                      |
| SAB                                                                                                                                                                                                                                                                                           | COSCHI, PAUL O:                                                                                                                              |                                                                      | 82                                                                                                                                                                                                    | Street Addre                                                                       | HUA へか<br>ess (P.O. Box Nun           |                        |                                                    |                              |                                      |
| DEM<br>- <del>40-0</del>                                                                                                                                                                                                                                                                      |                                                                                                                                              |                                                                      | 83                                                                                                                                                                                                    | 1 00 1                                                                             | · · · · · · · · · · · · · · · · · · · |                        | <del></del>                                        |                              |                                      |
| OCL!                                                                                                                                                                                                                                                                                          |                                                                                                                                              |                                                                      |                                                                                                                                                                                                       | 6981                                                                               | NW 9th                                | <u>st.</u>             |                                                    |                              |                                      |
|                                                                                                                                                                                                                                                                                               |                                                                                                                                              | e e                                                                  | 84                                                                                                                                                                                                    | City MAR                                                                           | BATE                                  |                        | FL                                                 |                              | 063                                  |
| 11, Pursuant                                                                                                                                                                                                                                                                                  | to the provisions of Sections 607.0502 egistered agent, or both, in the State of                                                             | 2 and 607.1508, Florida Statutes                                     | the above                                                                                                                                                                                             | e-named corpo                                                                      | pration submits this                  | s statement for the    | purpose of                                         | changing its                 | registered<br>oistered               |
| - a onice or re                                                                                                                                                                                                                                                                               | m familiar with, and accept the obligat                                                                                                      | in Florida, Such Change was dut                                      | de Ctebrico                                                                                                                                                                                           | the corporatio                                                                     | ind boding on direct                  | Q. Q. 7 (10/02) LUC    | P PP                                               |                              | ,                                    |
| agent. I ar                                                                                                                                                                                                                                                                                   | m tamiliar with, and accept the obligat                                                                                                      | tions of, Section 607.0505, Floric                                   | ja Statutes.                                                                                                                                                                                          |                                                                                    | •                                     |                        | 7 1                                                | the second of                | A 10 10 1                            |
| agent. I ar                                                                                                                                                                                                                                                                                   | 3                                                                                                                                            |                                                                      |                                                                                                                                                                                                       |                                                                                    |                                       |                        | ,                                                  | The Table 1                  | * 3 15                               |
| SIGNATURE                                                                                                                                                                                                                                                                                     | Signature, typed or printed name of registered agent                                                                                         | t and title if applicable. (NOTE: R                                  | Registered Agen                                                                                                                                                                                       | it signature required                                                              |                                       | CHANGES TO O           |                                                    |                              | 1.                                   |
| SIGNATURE                                                                                                                                                                                                                                                                                     | Signature, typed or printed name of registered agen<br>OFFICERS AN                                                                           | t and title if applicable. (NOTE: R                                  |                                                                                                                                                                                                       |                                                                                    |                                       | CHANGES TO O           |                                                    |                              | 1.                                   |
| SIGNATURE  12.                                                                                                                                                                                                                                                                                | Signature, typed or printed name of registered agen OFFICERS ANI                                                                             | t and title if applicable. (NOTE: R                                  | tegistered Agen                                                                                                                                                                                       |                                                                                    |                                       |                        |                                                    | D DIRECTO                    | DRS IN 12                            |
| 12. TITLE 1 ( TO SEE )                                                                                                                                                                                                                                                                        | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL                                                           | and title if applicable. (NOTE: RD DIRECTORS                         | 13.                                                                                                                                                                                                   | nt signature required                                                              |                                       |                        |                                                    | D DIRECTO                    | DRS IN 12                            |
| 12. TITLE TO LOCATE NAME STREET ADDRESS                                                                                                                                                                                                                                                       | Signature, typed or printed name of registered agen OFFICERS AN LANCHEROS, RAUL 6981 NW 9TH ST                                               | and title if applicable. (NOTE: RD DIRECTORS                         | 13. 1.1 TITLE 1.2 NAME                                                                                                                                                                                | at signature required                                                              |                                       |                        |                                                    | D DIRECTO                    | DRS IN 12                            |
| 12. TITLE 1 ( TO SEE )                                                                                                                                                                                                                                                                        | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL                                                           | and title if applicable. (NOTE: RD DIRECTORS                         | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET                                                                                                                                                            | at signature required                                                              |                                       |                        |                                                    | D DIRECTO                    | DRS IN 12                            |
| 12. TITLE TO THE STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                   | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D                               | t and title if applicable. (NÖTE: R D DIRECTORS DELETE               | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET                                                                                                                                                            | at signature required                                                              |                                       |                        |                                                    | ID DIRECTO                   | PRS IN 12                            |
| SIGNATURE  12.  TITLE: 1 (1975)  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                                                                                                                                     | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL                                 | t and title if applicable. (NÖTE: R D DIRECTORS DELETE               | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE                                                                                                                                               | it signature required  T ADDRESS                                                   |                                       |                        |                                                    | ID DIRECTO                   | PRS IN 12                            |
| SIGNATURE  12.  TITLE: CONT.  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                                                                                                                                                  | Signature, typed of printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A                | t and title if applicable. (NÖTE: R D DIRECTORS DELETE               | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME                                                                                                                                      | ADDRESS T-ZIP TADDRESS                                                             |                                       |                        |                                                    | DIRECTO Change               | PRS IN 12 Addition Addition          |
| SIGNATURE  12.  MILE TO THE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                              | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST | t and title if applicable. (NÖTE: R D DIRECTORS DELETE               | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET                                                                                                                           | ADDRESS T-ZIP TADDRESS                                                             |                                       |                        |                                                    | ID DIRECTO                   | PRS IN 12                            |
| SIGNATURE  12.  MILE TO THE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                  | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST | and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE          | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S                                                                                                                | ADDRESS T-ZIP TADDRESS                                                             |                                       |                        |                                                    | DIRECTO Change               | PRS IN 12 Addition Addition          |
| SIGNATURE  12.  TILE:: Control of the street address city-st-zip  TITLE: NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE: The street address city-st-zip  TITLE                                                                                                                                | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST | and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE          | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE                                                                                                       | t signature required  ADDRESS T-ZIP  ADDRESS T-ZIP                                 |                                       |                        |                                                    | DIRECTO                      | PRS IN 12 Addition Addition          |
| SIGNATURE  12.  TILE:  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  NAME                                                                                                                                                                                                      | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST | and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S                                                                        | r ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS                                          |                                       |                        |                                                    | DIRECTO Change Change Change | PRS IN 12 Addition Addition          |
| SIGNATURE  12.  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                                                                  | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST | and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE          | 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE                                                                | r ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS                                          |                                       |                        |                                                    | DIRECTO                      | PRS IN 12 Addition Addition          |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                           | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST | and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE   | 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME                                                       | ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP                                        |                                       |                        |                                                    | DIRECTO Change Change Change | PRS IN 12 Addition Addition          |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                           | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST | and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET                                          | ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS                            |                                       |                        |                                                    | DIRECTO Change Change Change | PRS IN 12 Addition Addition          |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                              | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST | d and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S                                 | ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS                            |                                       |                        |                                                    | DIRECTO Change Change Change | PRS IN 12 Addition Addition Addition |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE             | Signature, typed or printed name of registered agen OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST | and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE   | 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE              | ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS                            |                                       |                        |                                                    | DIRECTO Change Change Change | PRS IN 12 Addition Addition          |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                 | OFFICERS ANI OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST MARGATE FL                             | d and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME     | ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS                |                                       |                        |                                                    | DIRECTO Change Change Change | PRS IN 12 Addition Addition Addition |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS | OFFICERS ANI OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST MARGATE FL                             | d and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE              | ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS |                                       |                        |                                                    | DIRECTO Change Change Change | PRS IN 12 Addition Addition Addition |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                 | OFFICERS ANI OFFICERS ANI D LANCHEROS, RAUL 6981 NW 9TH ST MARGATE FL D GARCIA, LUIS A 6981 NW 9TH ST MARGATE FL                             | d and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET | ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS |                                       |                        |                                                    | DIRECTO Change Change Change | PRS IN 12 Addition Addition Addition |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RESIDENTIAL SEE EQUIRED Lanchen 3 4/22/99 954 9683598

R2E034 (11/98)