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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		F CORPORATIONS		•
1. Corporation Name	.82735 (6)			
CASA ESPANA, INC.				
Principal Place of Business	Maling Address		{	## 8114 010M 810M 018M 018M 010M 040M 810M 188A
C/O JOE RODRIGUEZ 6423 COLLINS AVE. APT 701 MIAMI BCH FL 33141	% JOE RODRIGUEZ 6423 COLLINS AVEN MIAMI BEACH FL 33			
US			3. Date Incorporated or Qualified 06/25/1990	3a. Date of Last Report 03/30/1995
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	55.00 May Be
Zip Coun	<b>28</b>	Country	Trust Fund Contribution  8. This corporation has liability for	Added to rees
25 Name and Add	29 ress of Current Registered Agent	30	Florida Statutes Yes	s 🖪 No
g, Name and Addi	ess of content negistered Agent	81 Name	ly, hame and Address of New I	registered Agent
RODRIGUEZ, JOE 6423 COLLINS AVENUE		82 Street Add	lress (P.O. Box Number is Not Acceptal	ole)
APT. 701		83		
MIAMI BEACH FL 33141	/	<b>84</b> City	<del></del>	85 Zip Code
11. Pursuant to the provisions of Sec	tions 607/05/02 and 607.15/08, Florida Statu	ites, the above-named corpo	pration submits this statement for the pu	rpose of changing its registered offic
or registered agent, or buth, in the familial with, and accept the object.	tion, 607/04/12 and 607, 1508, Florida Stati o State (if Florida, Such change was author jatons of Section 607,0505, Florida Statyk	ized by the corporation's boars.	ard of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE See Special	n Of reports and against an at the of apolitical is	JAW v034 - Registers of Agent Squares, in pair	erd whom non-shahr ap	11/96 DATE
12.	OFFICERS AND DIRECTORS	13.	THE R. LEWIS CO., LANSING MICHAEL SIZE AND ADDRESS AND	FICERS AND DIRECTORS IN 12
TITLE D  RODRIGUEZ, JO	E DELETE	1 1 TITLE 12 NAME		Change Addition
STREET ADDRESS 6423 COLLINS A	VE, APT701	13 STREET ADDRESS		
CITY-ST-ZIP MIAMI BEACH F	L DELETE	14 CHY ST ZIP 2 1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELEVE	24 CITY-\$1-7IP 3-1 TITLE		Change Addition
NAME		32 NAME		
STREET ADDRESS  CITY-ST-ZIF		3.3 STREET ADDRESS 3.4 CHTV+ST+ZIP		
TITLE	DELETE	4 1 Till £		Change Addition
NAME		4.2 NAME		
STREET ADDRESS CITY - ST - ZIP		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE	DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS CITY-ST-ZIP		5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP		
TITLE	☐ DELETE	6 1 1/1/LE	<del></del>	☐ Change ☐ Addit-on
NAME CLOSEL ADDRESS		6.2 NAME		
STREET ADDRESS CITY - ST - ZIP		6 3 STREET ADDRESS 6 4 CITY - ST - ZFP		
<ol> <li>I do hereby certify that the inform certify that the information industry oath, that I am an officer or direct</li> </ol>	ation supplied with this filling is voluntarily fued on the adverse report or supplemental artor of the receiver or trust of the receiver or trust all planning, or on an attachment with an ad-	mished and does not qualify mual report is true and accur ee en powered to execute the	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, F	1.07(3)(k). Florida Statutes, I further e same legal effect as if made under lorida Statutes; and that my name
appears in Block 12 or Block /3 SIGNATURE:	TE AND TYPED OR PRINTED NAME OF SIGNING OFFI		NEZ PRES	4/u/cm
SON ATTE	ME AND TYPED OR PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	Date	Daytin e Phone #