

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

**AMENDED ANNUAL REPORT**

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
99 JUN 21 AM 10:27  
STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L82735  
1. Corporation Name  
**CASA ESPANA INC.**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
06/25/1990

2. Principal Place of Business  
21 8496 NW 61 St.,  
Suite, Apt. #, etc.  
22 City & State  
23 Miami, Fl  
Zip 24 33166 Country 25 USA

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country  
30

4. FEI Number  
APPLIED FOR  
X 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

9. Name and Address of Current Registered Agent  
JOE RODRIGUEZ  
6423 Collins Avenue Apt. 701  
Miami Beach, Florida.

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  
FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE President/Treasurer/Director  DELETE  
NAME JOE RODRIGUEZ  
STREET ADDRESS 6423 Collins Avenue, Apt. 701  
CITY-ST-ZIP Miami Beach, Florida 33141

TITLE Vice Pres/Secretary/Director  DELETE  
NAME ARIEL MELCHOR  
STREET ADDRESS 6323 Collins Avenue, Apt. 704  
CITY-ST-ZIP Miami Beach, Florida 33141

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
600002918506--9  
-06/29/99-01054-025  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

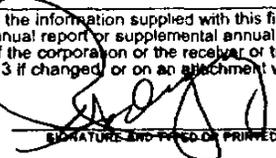
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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:  JOE RODRIGUEZ 6/17/99 (305) 867-7941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year