

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90206 002 \*\*\*150.00

DOCUMENT # M29143

1. Corporation Name  
CASAS BUSINESS SERVICES INC.

Principal Place of Business  
2675 WEST 66TH ST. BLDG. 19 #12  
HIALEAH FL 33016-2849

Mailing Address  
2675 WEST 66TH ST. BLDG. 19 #12  
HIALEAH FL 33016-2849



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1986

4. FEI Number

59-2630896

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

2. Principal Place of Business

21 3279 SW 141 AVE

2a. Mailing Address

26 3279 SW 141 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

24 33175

Country

25 USA

Zip

29 33175

Country

30 USA

9. Name and Address of Current Registered Agent

SANTOS, SOLANGEE  
2371 COLLINS AVENUE, B-801  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME CASTELLANOS, RODOLFO SR.  
STREET ADDRESS 2675 W. 66 ST. #12  
CITY-ST-ZIP HIALEAH FL 33016

TITLE D ☐ DELETE  
NAME SANTOS, SOLANGEE  
STREET ADDRESS 2371 COLLINS AVE B-801  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VT ☐ DELETE  
NAME CASTELLANOS, RODOLFO JR  
STREET ADDRESS 3279 SW 141 AVE  
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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: *Rodolfo Castellanos* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99

Date

(305) 223-0879

Daytime Phone #

CR2E034 (11/98)

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