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

CITY-ST-ZIP

14. I hereby certify that the information supplied with this indicated on this annual report or supplemental annual report or director of the corporation or the receiver of the corporation or the receiver of the corporation.

Block 12 or Block 13 if changed, or on an attac

FILED PROFIT Feb 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)M51665 CAZADORES INVESTORS, INC. Principal Place of Business Mailing Address 9782 S.W. 133 TERR. 9782 S.W. 133 TERR. **MIAMI FL 33176** MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/07/1987</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 59-2800343 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name TORRES, OSCAR M. JR. 9782 S.W. 133 TERR. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. **VPD** DELETE Addition TITLE 1.1 TITLE Change CABRERA, MAURO J. NAME 1.2 NAME 335 N.W. 128 AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE PD Change Addition 2.1 TITLE LOPEZ, CECILIO G. NAME 2.2 NAME 3850 S.W. 128TH AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE LOPEZ, ROLANDO C. NAME 3.2 NAME 14288 S.W. 17TH STREET STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE NAME QUESADA, MIGUEL A. 4. 2 NAME STREET ADDRESS 6401-D S.W. 116 CT. 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition RODRIGUEZ, ELSA D. NAME 5.2 NAME 3320 S.W. 92 AVE. STREET ADDRESS **5.3 STREET ADDRESS** MIAMI FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition TORRES, OSCAR M., JR. NAME 6.2 NAME 9782 S.W. 133RD TERR. STREET ADDRESS 6.3 STREET ADDRESS MIAMI FL

6.4 CITY-ST-ZIP

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information al report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in