

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Joseph B. Martinez
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M63818** (2)
1. Corporation Name
C.A.S.S.I. INC.

DO NOT WRITE IN THIS SPACE

2. Present Place of Business
**1210 SW 104TH AVENUE
MIAMI FL 33174**

3. Mailing Address
**1210 SW 104TH AVENUE
MIAMI FL 33174**

3a. Date Incorporated or Qualified
12/18/1987

3b. Date of Last Report
05/01/1994

21. State Apt. # or Suite
22. City & State
23. City, State, & Zip
24. City, State, & Zip

25. State Apt. # or Suite
26. City & State
27. City, State, & Zip
28. City, State, & Zip
29. City, State, & Zip
30. City, State, & Zip

4. FET Number
65-0020043

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Expenses
Trust Fund Contributions **\$5.00 May Be Added to Fees**

7. This corporation has authority for intrastate tax under Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SANTANA, MIGDALIA M.
1210 S.W. 104 AVE.
MIAMI FL 33174**

10. Name and Address of New Registered Agent
81. Name
82. Street Address, P.O. Box Number, Not Acceptable
83.
84. City, State, & Zip **FL**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2) 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 this appointment as registered agent. This form is valid only as long as the provisions of Section 607.05(2) Florida Statutes.

SIGNATURE _____
Print Name _____ Title _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	PD SANTANA, MIGDALIA M. 1210 SW 104 AVE. MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER	D ALTUNA, CARMELINA 1210 SW 104 AVE. MIAMI FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(4)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes. And that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Migdalía M. Santana* **Migdalía M. Santana** 5/4/95 (30) 551-0185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR