FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M86390** **(5)**

1. Corporation Name
CASA CASA, INC.

Principal Place of Business
% LYNNE LARSEN
22191 POWERLINE RD. SUITE 20 PALMS PLAZA
BOCA RATON FL 33433-5005

Mailing Address
% LYNNE LARSEN
22191 POWERLINE RD.. SUITE 20 PALMS PLAZA
BOCA RATON FL 33433-5005

3. Date Incorporated or Qualified: **06/21/1988**
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 | County 25

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

4. FEI Number: **59-2904812** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LARSEN, LYNNE
22191 POWERLINE ROAD
PALMS PLAZA SUITE 20
BOCA RATON FL 34333

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 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: LARSEN, LYNNE
STREET ADDRESS: 22191 POWERLINE RD., #20
CITY-ST-ZIP: BOCA RATON FL

☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP — ☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP — ☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP — ☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP — ☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP — ☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that this information indicates the principal business address, mailing address and the name and address of the registered agent, as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added or deleted, in Block 13.

SIGNATURE: Lynne Larsen 03/14/96 (402) 392-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)