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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N45110 (6)

1. Corporation Name
C.A.V.A., INC.



Principal Place of Business: P.O. BOX 140305 CORAL GABLES FL 33114-0305
Mailing Address: P.O. BOX 140305 CORAL GABLES FL 33114-0305

3. Date Incorporated or Qualified: 09/12/1991
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: 65-0291702
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: FENTON, JORGE O. 6987 S.W. 53RD LANE MIAMI FL 33145

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code FL 33155

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MONTES, JUAN A.	11 TITLE: PD	12 NAME: GARCIA, ANDRES
STREET ADDRESS: 1615 N.W. 25TH ST.	CITY-ST-ZIP: MIAMI FL 33125	13 STREET ADDRESS: 4297 S.W. 149th	14 CITY-ST-ZIP: MIAMI, FL 33185
TITLE: SD	NAME: FENTON, JORGE O.	21 TITLE: Treasurer/Director TD	22 NAME: [blank]
STREET ADDRESS: 250 ALEDO AVENUE	CITY-ST-ZIP: CORAL GABLES FL	23 STREET ADDRESS: 6987 S.W. 53rd Lane	24 CITY-ST-ZIP: MIAMI, FL 33155
TITLE: TD	NAME: GARCIA, ANDRES	31 TITLE: Secretary/Director SD	32 NAME: CRISO, Rafael
STREET ADDRESS: 4297 S.W. 149TH ST	CITY-ST-ZIP: MIAMI FL	33 STREET ADDRESS: 2500 N.W. 79th # 201	34 CITY-ST-ZIP: MIAMI, FL 33122
TITLE: D	NAME: CARRPCERA, JOAN	41 TITLE: CARROGGERA, JUAN	42 NAME: [blank]
STREET ADDRESS: 750 N.W. 43RD, APT. 104	CITY-ST-ZIP: MIAMI FL	43 STREET ADDRESS: [blank]	44 CITY-ST-ZIP: [blank]
TITLE: D	NAME: PENEGA, JR. F	51 TITLE: PENELA, Frank	52 NAME: [blank]
STREET ADDRESS: 7400 S.W. 34TH STREET ROAD	CITY-ST-ZIP: MIAMI FL	53 STREET ADDRESS: [blank]	54 CITY-ST-ZIP: [blank]
TITLE: VT	NAME: ALFONSO, MARIO	61 TITLE: VT	62 NAME: Joseph J. Martony
STREET ADDRESS: 8941 S.W. 10 TERRACE	CITY-ST-ZIP: MIAMI FL 33174	63 STREET ADDRESS: 3521 S.W. 88CT.	64 CITY-ST-ZIP: MIAMI, FL 33164

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(9)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* 2/9/96 305-662-8434

CR2E037 (12/95)