

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N45110 (6)**

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



|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><b>P.O. BOX 140305<br/>CORAL GABLES FL 33114-0305</b> | Mailing Address<br><b>P.O. BOX 140305<br/>CORAL GABLES FL 33114-0305</b> |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

3. Date Incorporated or Qualified  
**09/12/1991**

4. FEI Number  
**65-0291702**

Applied For  
 Applied For  
 Not Applicable

|                                                          |                                               |
|----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. | 2a. Mailing Address<br>26 Suite, Apt. #, etc. |
| 22 City & State                                          | 27 City & State                               |
| 23 Zip Country                                           | 28 Zip Country                                |
| 24                                                       | 29                                            |

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**FENTON, JORGE O.  
6987 S.W. 53RD LANE  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name **FRANCISCO PENELA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7400 SW 34 ST RD**

83

84 City **MIAMI** FL 85 Zip Code **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 *Francisco Penela* **FRANCISCO PENELA** DATE **1/30/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                        |
|----------------------------|------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>GARCIA, ANDRES</b>                                | 1.2 NAME                                              |                                                                                        |
| STREET ADDRESS             | <b>4297 SW 149 CT</b>                                | 1.3 STREET ADDRESS                                    |                                                                                        |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                                      | 1.4 CITY-ST-ZIP                                       |                                                                                        |
| TITLE                      | <b>TD</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FENTON, JORGE O.</b>                              | 2.2 NAME                                              | <b>FRANCISCO, PENELA</b>                                                               |
| STREET ADDRESS             | <b>6987 SW 53RD LANE</b>                             | 2.3 STREET ADDRESS                                    | <b>7400 SW 34 ST RD</b>                                                                |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                                      | 2.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33155</b>                                                                  |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>CRESPO, RAFAEL</b>                                | 3.2 NAME                                              |                                                                                        |
| STREET ADDRESS             | <b>2500 NW 79 AVE. #201</b>                          | 3.3 STREET ADDRESS                                    |                                                                                        |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                                      | 3.4 CITY-ST-ZIP                                       |                                                                                        |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>CARROCERA, JUAN</b>                               | 4.2 NAME                                              |                                                                                        |
| STREET ADDRESS             | <b>750 N.W. 43RD, APT. 104</b>                       | 4.3 STREET ADDRESS                                    |                                                                                        |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                                      | 4.4 CITY-ST-ZIP                                       |                                                                                        |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 5.1 TITLE                                             | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>PENELA, FRANK</b>                                 | 5.2 NAME                                              | <b>OSCAR MARTINEZ</b>                                                                  |
| STREET ADDRESS             | <b>7400 S.W. 34TH STREET ROAD</b>                    | 5.3 STREET ADDRESS                                    | <b>8543 SW 132 PL</b>                                                                  |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                                      | 5.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33165</b>                                                                  |
| TITLE                      | <b>VT</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE                                             | <b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARTORY, JOSEPH J</b>                             | 6.2 NAME                                              | <b>JORGE, SIBILA</b>                                                                   |
| STREET ADDRESS             | <b>3521 SW 88 CT.</b>                                | 6.3 STREET ADDRESS                                    | <b>2246 SW 1 ST</b>                                                                    |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                                      | 6.4 CITY-ST-ZIP                                       | <b>MIAMI FL 33135</b>                                                                  |

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

SIGNATURE: *Francisco Penela* **FRANCISCO PENELA** DATE **1/30/98**

CP2E037 (10/97)