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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N46171** **(7)**

1. Corporation Name

CASA DEL JOVEN, U.S.A., INC.

500001472455
-05/03/95--01023--009
****139.75 ****138.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1725 MARTIN LUTHER KING, JR. BLVD. TAMPA FL	6101 JOHNS RD SUITE #8 TAMPA FL 33634 US

3. Date Incorporated or Qualified: **11/22/1991**
3a. Date of Last Report: **03/18/1994**
4. FEI Number: **59-3094070** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPDEVILA, LOUIS A. 11301 NORTH OLA AVENUE TAMPA FL 33612	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 607.1508, 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 _____ DATE
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CRUZ, ROBERT	1.2 NAME	CRUZ, Robert	
STREET ADDRESS	3272 N.W. 72ND AVENUE	1.3 STREET ADDRESS	9735 N.W. 51 TERRACE	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	CAPDEVILA, LOUIS A.	2.2 NAME		
STREET ADDRESS	11301 N. OLA AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	~~SD~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~GOLON, RAYMOND~~	3.2 NAME		
STREET ADDRESS	~~1740 DENTWAY CT.~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	CRUZ, MANNY	4.2 NAME		
STREET ADDRESS	19655 SW 87TH PL	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	[redacted]	5.1 TITLE	ADMINISTRATOR	☒ Change ☐ Addition
NAME	MUNOZ, ELIZABETH A.	5.2 NAME	MUNOZ, ELIZABETH A.	
STREET ADDRESS	6431 YORKSHIRE RD.	5.3 STREET ADDRESS	6431 Yorkshire Rd.	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, Fl. 33634	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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. 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: Robert Cruz 4/17/95 305-649-4402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000403