Mar 11, 1999 8:00 am § Secretary of State

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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



1999

DOCUMENT # **N46365**

1. Corporation Name CANTABRIA HOUSE U.S.A., INC. (CASA CANTABRIA U.S .A., INC.)

Frincipal Flace of Dusiness
782 NW LEJEUNE ROAD
#548
MIAMI FL 33126

Principal Place of Business

US

Mailing Address

782 NW #548

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

MIAMI F US

LEJEUNE ROAD	
L 33126	

	ace of Business	2a. Mailing Addr	ess				 Date Incorporated or Qualifed 12/09/1991 				
21		26					4. FEI Number	<u> </u>	1	oplied For	
Suite, Apt. 1	#, etc.	Suite, Apt. #	, etc.				65-0342176		<u> </u>	ot Applicable	
22		27					03 0342 170				
City & State	0	City & State					5. Certifcate of Status Desired			Additional lequired	
Zip	Country	Zip	Co	ountry			6. Election Campaign Financing		\$5.00	May Be	
24	25	29	30			l	Trust Fund Contribution			to Fees	
	9. Name and Address of Currer	t Registered Agent	. ,k-i.i.l.				10. Name and Address of New F	Registered /	Agent		
				81	Name						
MADOUE	7 1005 W										
	MARQUEZ, JOSE M.				82 Street Address (P.O. Box Number is Not Acceptable)						
	LEJEUNE ROAD			83	_						
#548											
MIAMI FL	33126			84	City		FL 85 Zip Code				
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	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Register	red Ager	nt signature re	w benupe	hen reinstating)	DÄTE			
12.		ID DIRECTORS	1;	3.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12	
TITLE	PD	□ 0	ELETE 1.1	TITLE					Change	Addition	
NAME	HERRAN, MANUEL A.		1.2	NAME	l					ì	
STREET ADDRESS	8460 SW 5TH STREET		1.3	STREET	TADDRESS		•			1	
CITY-ST-ZIP	MIAMI FL			CITY-S							
TITLE	VD	۵ 🗆		TITLE					☐ Change	☐ Addition	
NAME	CUADRADO, ALFREDO		2.2	NAME							
STREET ADDRESS	3315 DURANGO STREET		2.3	STREET	T ADDRESS			-			
CITY-ST-ZIP	CORAL GABLES FL			CITY-S						ļ	
TIRLE	SD SD			TITLE					☐ Change	☐ Addition	
NAME	COSSIO. VINCENT			NAME]					
STREET ADDRESS	5876 SW 16 STREET				T ADDRESS						
CITY-ST-ZIP	MIAMI FL			CITY-S		1				1	
TITLE	SC			TITLE		<u> </u>		· · · · · ·	Change	☐ Addition	
NAME	SANTIS, MARIO	 -		2 NAME]					
STREET ADDRESS	4505 SW 59TH AVENUE				T ADDRESS	ļ				ļ	
i	MIAMI FL			CITY-S							
CITY-ST-ZIP	TD			TITLE	1-417	1			Change	Addition	
	BUSTILLO, JOSE GOMEZ			NAME					•	_	
NAME	1301 VALENCIA AVNUE		1		T ADDRESS)	
STREET ADDRESS	CORAL GABLES FL			CITY-S							
CITY-ST-ZIP	TD			TITLE		 			Change	Addition	
TITLE				NAME		}					
NAME	MESTRE, CARMINA				T ADDRESS	1	1			ļ	
STREET ADDRESS	1545 TRILLO AVENUE		1	CITY-S			1			1	
	THE ALLEY LI		■ 6.4	LITTY . S	1.71	•					

CORAL GABLES FL

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 of 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 han attachment with an address, with all other like empowered.

SIGNATURE: