FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:34

DOCUMENT # **N94000002984 (2)**

1. Corporation Name

CASA CESAR E. CHAVEZ, INC.

Principal Place of Business	Mailing Address
30695 SW 162 AVE HOMESTEAD FL 33033	30695 SW 162 AVE HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0503341 ☐ 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 [X] **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SAWATZKY, WALTER
30695 SW 162 AVE
HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 (If 10, Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN F		
TITLE	D	11 TITLE	DS	[X] Change ☐ Addition
NAME	SAWATZKY, WALTER	12 NAME	Zuniga, Maria	
STREET ADDRESS	30695 SW 162 AVE	13 STREET ADDRESS	305 S. Flagler Avenue	
CITY-ST-ZIP	HOMESTEAD FL 33033	14 CITY ST ZIP	Homestead, FL 33033	
TITLE	D	21 TITLE	D	☐ Change [X] Addition
NAME	ZUNIGA, MARIA	22 NAME	Mainster, Steve	
STREET ADDRESS	20 S KROME AVE	23 STREET ADDRESS	35801 S.W. 186 Avenue	
CITY-ST-ZIP	HOMESTEAD FL 33030	24 CITY ST ZIP	Florida City, FL 33034-5527	
TITLE	D	31 TITLE	D	☐ Change [X] Addition
NAME	O'TOOLE, LARRY	32 NAME	Rivera, Nancy	
STREET ADDRESS	9800 SW 159 ST	33 STREET ADDRESS	18450 S.W. 87 Avenue	
CITY-ST-ZIP	MIAMI FL 33157	34 CITY ST ZIP	Miami, FL 33157	
TITLE	D	41 TITLE	DP	[X] Change ☐ Addition
NAME	HERNANDEZ, GLORIA	42 NAME	Hernandez, Gloria	
STREET ADDRESS	13060 SW 263 TERR	43 STREET ADDRESS	30454 S.W. 162 Place	
CITY-ST-ZIP	NARANJA FL 33033	44 CITY ST ZIP	Homestead, FL 33033	
TITLE	D	51 TITLE	D	☐ Change [X] Addition
NAME	GONZALEZ, HECTOR	52 NAME	de la Cruz, Juanita	
STREET ADDRESS	P.O. BOX 322205	53 STREET ADDRESS	NA P.O. Box 660083	
CITY ST ZIP	NARANJA FL 33032	54 CITY ST ZIP	Miami Springs, FL 33266-0083	
TITLE		61 TITLE	D	☐ Change [X] Addition
NAME		62 NAME	Netter, Bruce	
STREET ADDRESS		63 STREET ADDRESS	701 N.E. 23 Street	
CITY ST ZIP		64 CITY ST ZIP	Miami, FL 33137	

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

SIGNATURE: Gloria Hernandez 01/31/95 305-248-1659
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Gloria Hernandez, President

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