FILED

## 2003 FOR PROFIT CORPORATION

UNIFORM BU	SINESS REPORT	(UBR)	Apr 21, 2003 8:00 am	0000
DOCUMENT # P0100085186  1. Entity Name CASE GROUP INTERNATIONAL, CORP.			Secretary of State 04-21-2003 91211 034 ***150.00	
Principal Place of Business 10000 SW 125TH AVENUE MIAMI FL 33186	Mailing Address 10000 SW 125TH AVENUE MIAMI FL 33186	NE I	41009113	
2. Principal Place of Business	3. Mailing Address	برن 		
Nuite, Apt. #, etc. A-203	Suite, Apt. #, etc.	T2 203	☐ CHECK HERE IF MAKING CHANGES	
City & State  Minni Florida	City & State  Minmi, Flo	nido	4. FEI Number 65-1133802 Applied For Not Applicable	
Zip 3318-6 Country	Zip. 3.3-186	_Country: us	5. Certificate of Status Desired \$8.75-Additional Fee Required  7. Name and Address of New Registered Agent	
SAHORES, CARLOS A 10000 SW 125TH AVENUE	or current neglistered Agent		P.O. Box Number is Not Acceptable)  SW RR ST  A-203	
MIAMI FL 33186		City Wierr	FL ZipSode 86	
the obligations of registered agent	gistered agent and title if applicable. (NOTE: F		red agent, or both, in the State of Florida. I am familiar with, and accept  H 16 03	
After May 1, 2003 Fee will be Make Check Payable to Florida Depa	\$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
	CERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ລ
NAME SAHORES, CARLOS A STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	M Change	(2E034 (10/02)
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE Y-Pr	WICE M VARGAS LA ROBITION	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an appears in the compowered.

CITY-ST-ZIP

SIGNATURE: 丛

CITY-ST-ZIP

SIGNATURE REQUIREPOLICE CON DELOS CONTROL PRINTED NAME OF SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(3×1)408-8514