
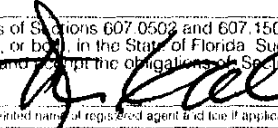
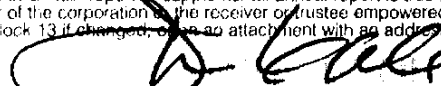


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000010155 (8)			
1. Corporation Name CAGA, INC.			
Principal Place of Business C/O RONALD A. MARINI, ESQ. TWO SOUTH BISCAYNE BLVD., SUITE 3580 MIAMI FL 33133		Mailing Address C/O RONALD A. MARINI, ESQ. TWO SOUTH BISCAYNE BLVD., SUITE 3580 MIAMI FL 33131-1803	
2. Principal Place of Business 21 C/O JOHN GALE Suite, Apt. #, etc. 22 1508 1001 S. BAYSHORE DR City & State 23 MIAMI, FL. Zip 24 33131 Country 25 DAGE		2a. Mailing Address 26 1001 S. BAYSHORE DR Suite, Apt. #, etc. 27 1508 City & State 28 MIAMI, FL. Zip 29 33131 Country 30 DAGE	
9. Name and Address of Current Registered Agent RONALD A. MARINI, ESQ. TWO SOUTH BISCAYNE BLVD., SUITE 3580 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name JOHN GALE 82 Street Address (P.O. Box Number is Not Acceptable) 83 1001 SOUTH BAYSHORE DR. 84 SUITE 1508 City MIAMI FL 85 Zip Code 33131	
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:  p. JOHN GALE 4/29/97 Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD NAME GALE, JOHN STREET ADDRESS 1001 SOUTH BAYSHORE DRIVE CITY-ST-ZIP MIAMI FL 33131 [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.			
SIGNATURE: 		4/29/97 - 305-536-0106	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)