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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000017241 (9)**

1. Corporation Name
403 SWALLOW DRIVE, INC.

Principal Place of Business	Mailing Address
7156 N.W. 51ST STREET MIAMI FL 33166	7156 N.W. 51ST STREET MIAMI FL 33166-5630

3. Date Incorporated or Qualified: 03/08/1993
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business
21 8314 NW SOUTH RIVER DR.
Suite, Apt. #, etc.
22
City & State
23 MEDLEY, FLORIDA
Zip 24 33166 Country 25 usa

2a. Mailing Address
26 8314 NW SOUTH RIVER DR.
Suite, Apt. #, etc.
27
City & State
28 MEDLEY, FLORIDA.
Zip 29 33166 Country 30 usa

4. FEI Number: 65-0394109 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ, RAFAEL A
7156 N.W. 51ST STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: ORLANDO J. CASARIEGO
82 Street Address (P.O. Box Number is Not Acceptable): 8314 NW SOUTH RIVER DRIVE
83
84 City: MEDLEY FL 85 Zip Code: 33166

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: X V.P. 4-16-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CASARIEGO, LORETO H	1.2 NAME	
STREET ADDRESS	7156 N.W. 51ST ST.	1.3 STREET ADDRESS	8314 NW SOUTH RIVER DRIVE
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MEDLEY, FLORIDA. 33166
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CASARIEGO, HUMBERTO F	2.2 NAME	
STREET ADDRESS	7156 N.W. 51ST ST.	2.3 STREET ADDRESS	8314 NW SOUTH RIVER DRIVE
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	MEDLEY, FLORIDA 33166
TITLE	D ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	CASARIEGO, ORLANDO J	3.2 NAME	
STREET ADDRESS	7156 N.W. 51ST ST.	3.3 STREET ADDRESS	8314 NW SOUTH RIVER DRIVE
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	MEDELY, FLORIDA. 33166
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: X [illegible] V.P. 4-16-97 (305)887-9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0224201