FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000046292 (7) **DOCUMENT #**

LA CASITA II, INC.

Principal Place	of Business	Mailing Address							
12670 S.W. BT	'H STREET	3805 S.W. 8TH STREET MIAMI FL 33134							
	-					3. Date Incorporated or Qualified 06/30/1993	1	of Last Re /01/199	•
2. Principal Pla	ice of Business	2a. Mailing Address	s			4. FEI Number			Applied For
<u> </u>		26				65-0425821			lot Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, e	te			5. Certificate of Status Desired			Additional Required
City & State		City & State			****	Election Campaign Financing Trust Fund Contribution	Ø		May Be to Fees
Ζφ 4	Country 25	Ζφ	30 Gc	untry		This corporation has liability of Florida Statutes Yes	ntangible ta	x under s	199.032,
<u>*1</u>	9. Name and Address of Curre			Ţ		10. Name and Address of New F	egistered /	Agent	
				81	Name				
VILARINO, MANUEL I				82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
3805 S.W. 8TH STREET				83					w
MIAMI FL 33134									
				84	City		FL	85 Zip	Code
SIGNATURE.	th, and accept the obligations of, Sec Signature speed or proted name of registered agr	ort and the mapping above			T รมูกสนาก: กลับแกะ	d when the shiftings. ADDITIONS CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
12. TITLE	r	ND DIRECTORS		THE		Apparticular of lander a 10 of 1		Change	Addition
NAME	PD VILARINO, MANUEL I	Contract	1	NAME			_		_
STREET ADORESS	3805 S.W. 8TH STREET		1.3	STREE	1 ADDRESS				
CITY - ST - ZIP	MIAMI FL 33134		1.4	CILY-	ST - ZIP				
TITLE	SD	DELET	ETE 2.170					Change	Addition
NAMÉ	VILARINO, ANA ELENA		22	NAME					
STREET ADDRESS	3805 S.W. 8TH STREET				T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33134	DELET		CITY-	ST - ZiP			Change	ncitibbA []
THILE				NAMÉ					
NAME STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			i i		SI - ZIP				
TITLE		☐ DELET		TIFLE			ĺ	Change	Addition
NAME			42	NAM:					
STREET ADDRESS			4.3	STREE	f Address				
CITY-ST-ZIP					ST ZP			=	
TITLE		DELET		111116			[Change	Addit on
NAMÉ			5.2	NAME					

5.3 STREET ADDRESS 54 City St-ZiP

6.3 STREET ADDRESS

6.4 C/TY - ST - Z/P

6 1 THLE

€ 2 NAME

14. Too 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)(k). Florida Statutes, I further certify that the information indicated on this amusi 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 comparation or the receiver or trustee employeesd to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or distant address.

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - Z:P

CITY-ST-ZIP

TIFLE

NAME

☐ Change ☐ Addition