FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050806 (7)**

1. Corporation Name
CASA DE POLO, INC.

Principal Place of Business	Mailing Address
251 ROYAL PALM WAY 6TH FL PALM BEACH FL 33480	251 ROYAL PALM WAY 6TH FL PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1993**
3a. Date of Last Report: **12/01/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: c/o Mendoza, Callas & Schilling
Suite, Apt. #, etc
27: 251 Royal Palm Way, #602
City & State
28: Palm Beach, Florida
Zip 29: 33480 Country 30: USA

4. FEI Number: **65-0422575** ☐ 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. This corporation has already for inclusion tax under s. 199 Use, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G III
251 ROYAL PALM WAY
6TH FL
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 (Signature of new registered agent, if any) (Name of Registered Agent (typed or printed) after designation) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	☐ Change ☐ Addition
NAME	~~DE MENDOZA, MARIO G III~~	12 NAME	
STREET ADDRESS	~~251 ROYAL PALM WAY 6TH FL~~	13 STREET ADDRESS	
CITY ST ZIP	~~PALM BEACH FL 33480~~	14 CITY ST ZIP	
TITLE	PSTD	21 TITLE	☐ Change ☐ Addition
NAME	IGLESIAS, GABRIEL O	22 NAME	
STREET ADDRESS	251 ROYAL PALM WAY 6TH FL	23 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL 33480	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	PACHECO, JOSE F	32 NAME	
STREET ADDRESS	251 ROYAL PALM WAY 6TH FL	33 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL 33480	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	MENDOZA III, MARIO G	42 NAME	
STREET ADDRESS	251 ROYAL PALM WAY 6TH FL	43 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL 33480	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, DEBRA	52 NAME	
STREET ADDRESS	251 ROYAL PALM WAY 6TH FL	53 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL 33480	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete 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: (x) _____ (x) _____ (407) 659-1111

SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jose Fabio Pacheco Kitzing, Vice President

0978440 CP