

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90176 022 \*\*\*150.00

0242517

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P93000082689**

1. Corporation Name  
**CABANA INTERNATIONAL CORP.**



Principal Place of Business 3900 N W 79 AVE STE 648 MIAMI FL 33166 US	Mailing Address 3900 N W 79 AVE STE 648 MIAMI FL 33166 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/03/1993**

2. Principal Place of Business 21 <del>3900 N.W. 79 Avenue</del>	2a. Mailing Address 26 <del>3900 N.W. 79 Avenue</del>
Suite, Apt. #, etc. 22 Suite 470	Suite, Apt. #, etc. 27 Suite 470
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip 24 33166	Zip 29 33166

4. FEI Number <b>65-0452358</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**QUINONES, ZOILA**  
**3900 NW 79 AVE**  
**STE 648**  
**MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name <b>Quinones, Zoila</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3900 N.W. 79 Avenue-</b>
83 Suite <b>Suite 470</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33166</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>P</b>	
NAME	<b>QUINONES, ZOILA</b>	
STREET ADDRESS	<b>3900 NW 79 AVE / STE 648</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	
NAME	<b>QUINONES, ELISA</b>	
STREET ADDRESS	<b>3900 NW 79 AVE / STE 648</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<b>P</b>		
1.2 NAME	<b>Quinones, Zoila</b>		
1.3 STREET ADDRESS	<b>3900 N.W. 79 Avenue-Suite 470</b>		
1.4 CITY-ST-ZIP	<b>Miami, FL 33166</b>		
2.1 TITLE	<b>ST</b>		
2.2 NAME	<b>Quinones Elisa</b>		
2.3 STREET ADDRESS	<b>3900 N.W. 79 Avenue-Suite 470</b>		
2.4 CITY-ST-ZIP	<b>Miami, FL 33166</b>		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

**SIGNATURE:**  **Zoila A. Quinones** **President** **4/12/99** **(305) 716-8770**

SIGNATURE AND BLOCK OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)