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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400005520 (9)
CASSALY INC.

**FILED** Apr 10 1997 8:00am Secretary of State

			C/O SHARON HAMLIN 4827 PONCE DE LEON BLVD CORAL GABLES FL 33146-2130		3. Date Incorporated or Qualified 3a. Date of Last Report			
					01/21/1994		17/1996	
2. Principa' F	Place of Business	2a. Mailing Address			4. FEI Number 65-0518044		<del> </del>	pplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		<del></del>	5. Certificate of Status Desired		\$8.75	Additional lequired
City & Stai	te	City & State		<del>-,,</del> ,	6. Election Campaign Financing	<del></del>		May Be
<u>l.                                    </u>		28	-T	<del></del>	Trust Fund Contribution		bebbA	to Fees
Z1p ]	Country [25]	7ip	30	intry	8. This corporation has liability for Florida Statutes	intangible Yes <b>[</b> 2	tax under s	3. 199.032,
.1	9. Name and Address of C		1301	J	10. Name and Address of New Re			
HAI	MLIN, SHARON		···	81 Name		.F	<del></del> _	
	7 PONCE DE LEON BLVD			82 Street Add	iress (P.O. Box Number is Not Acceptal	ble)		
CO	RAL GABLES FL 33146				1000 (F.O. DOX Humber to Not Acceptat	<del></del>		
				63				
				84 City	<u> </u>	FL	<b>85</b> Zip	Code
1. Pursuant	to the provisions of Sections 60	17.0502 and 607.1508, Florida Stat	tutes, the al	pove-named corp	poration submits this statement for the	OURDOSE OF	changing	its registere
		•	rionoa Siai	IGIOS.	ation's board of directors. I hereby acce			
IGNATURE	Signature typed or protect name of register OFFICER	red agent and the Papplicable (N IS AND DIRECTORS	OTE Registere	d Agent eignature requi		DATE	DIRECTO	
IGNATURE 2.	Signature typed or product name of rogisk OFFICER	red agent and the if applicable (N	13.	d Agent algnature requi	ired when reinstating)	DATE		
GNATURE <b>2.</b> Ile	Squature typed or greated name of rogists OFFICER PST FLORALUZ, QUIROGA	rect agent a kt into it applicable (N IS AND DIRECTORS DELETE	13. 1.1 TI	d Agent signature requi	ired when reinstating)	DATE	DIRECTO	
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GNATURE  2.  ILE  WE  HEELAODRESS 1Y-ST-ZIP  ILE  ME	PST FLORALUZ, QUIROGA C/O 4627 PONCE DE LEG CORAL GABLES FL	ered agent and prior plapplicable (N IS AND DIRECTORS  DELETE  DN BLVD	13. 1.1 TI 1.2 N/ 1.3 Si 1.4 CI 2.1 TI 2.2 N/	d Agent signature requi	ired when reinstating)	DATE	DIRECTO Change	35141
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