

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:54

DOCUMENT # P94000021191 (9)

1. Corporation Name

CASA SPECIALIZED SERVICES, INC.

Principal Place of Business

1242 BUCHANAN ST.
HOLLYWOOD FL 33019

Mailing Address

1242 BUCHANAN ST.
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

2. Principal Place of Business

21 20801 BISCAYNE BLVD

2a. Mailing Address

26 20801 BISCAYNE BLVD

4. FEI Number

15-0494380

Applied For

Not Applicable

22 Suite, Apt. #, etc

450

27 Suite, Apt. #, etc

450

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

23 AVENTURA FL

28 AVENTURA FL

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

24 33180

25 DADE

29 33180

30 DADE

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

9. Name and Address of Current Registered Agent

OSHINSKY, LEONARD
1150 EAST HALLANDALE BEACH BLVD.
SUITE A
HALLANDALE FL 33009

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARR, BRIAN
STREET ADDRESS	1242 BUCHANAN ST.
CITY, ST, ZIP	HOLLYWOOD FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	☒ Change ☐ Addition
12 NAME	Brian Carr	
13 STREET ADDRESS	20801 BISCAYNE BLVD, #450	
14 CITY, ST, ZIP	AVENTURA FL 33180	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do 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)(b), 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:

BRIAN CARR

5/24/95

300 932-7962