1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000027073

1. Corporation Name

CASA VE	ERDE CORPORATION							
Principal Place of Business Mailing Address						-	IIOIL ŞOBSI ODS	II 1 <b>570</b> 5
780 NE 69TH ST						DO NOT WRITE IN THIS	SPACE	
MICHAEL PE 33131	<b>'</b>					3. Date Incorporated or Qualifed 04/04/1994		
Principal Place of Business     2a. Mailing Address						4. FEI Number	1 1	Applied For
21	26					65-0480687	. 1	lot Applicable
Suite, Apt. i						5. Certificate of Status Desired		Additional
22	27					o. Certificate of States Desireo		Required:
City & State	City & State City & State					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country . Zip Cou			ntry		8. This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registered	Agent	
				81	Name			
ANGULO, FRANCISCO III				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
780 NE 69TH STREET								
MIAMI FL 33138			-	83				
•			-	84	City	· · · · · · · · · · · · · · · · · · ·	85 Zij	Code
					*	<u>FL</u>	.	
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		Posistacid	Anani	nt signature required	when reinstation) DATE		
12.	OFFICERS AND		13.	-igo.ii	K algibilite required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	FORS IN 12
TITLE	D	DELETE	1.1 111	LΕ			Change	Addition
NAME	_		1.2 NA	1.2 NAME			·	
STREET ADDRESS	TOO ME COTH OF			1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		1.4 CIT	1,4 CITY-ST-ZIP				
TITLE			2.1 TIT				☐ Change	e
NAME	MARIELA T. ANGULO			ME	1			
STREET ADDRESS	700 NE 007H 07:007			REET	ADDRESS			
CITY-ST-ZIP				TY-S	ST-ZIP			
TITLE			3.1 111	3.1 TITLE			Chang	e CAddition
NAME			3.2 NA	ME		•		
STREET ADDRESS	•		3.3 ST	REET	T ADDRESS			1
CITY-ST-ZIP			TY-S	ST-ZIP		_		
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NAME	4.21		4.2 NA	ME	ļ			\
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TITLE		_ DELETE	5.1 TIT	LE			☐ Chang	e
NAME			5.2 NA	ME				1
STREET ADDRESS			5.3 ST	REET	T ADDRESS			1
CITY-ST-ZIP				Y-S1	T-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 adpress, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

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PREFLOOM ED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRI

DELETE

☐ Change

☐ Addition

Mar 22, 1999 8:00 am Secretary of State

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