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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

P94000033566 (8)

| CAPAC   | Name<br>CAS, INC  |   |  |                        | 3566 (8  |   |   |   |                     |                                |                                      |
|---|---|---|--|------------------------|--|---|---|---|---------------------|--------------------------------|--------------------------------------|
| incipal Place   | of Business   |   | · · · · · · · · · · · · · · · · · · ·  | Mailie                 | no Address   |   |   |   |                     |                                |                                      |
| rincipal Place of Business Mailing Address  9946 NW 49TH TERRACE 9946 NW 49TH TERRA MIAMI FL 33178 MIAMI FL 33178   |   |   |  |                        | 946 NW 49TH TERR   | ACE   |   |   |                     |                                |                                      |
| MIAMI PL 33   | 170   |   |  | M                      | MMI FL 30170   |   |   | 3. Date Incorporated or Qualific                              |                     | ate of Last F                  |                                      |
| Principal Pla   | on of Busine  |   |  | 20 h                   | Mailing Address  |   |   | 05/02/1994<br>4. FEI Number                                   |                     | 04/14/19                       | Applied For                          |
| еннора па   | ice or positio  | 100   |  | 26                     | naming Address   |   |   | 65-0491856  |                     |                                | Not Applicable                       |
| Suite, Apt. #   | , etc.  |   |  | 27                     | Suite, Apt. #, etc.  |   |   | 5. Certificate of Status Desired                              |                     | •                              | 5 Additional<br>Required             |
| City & State  |   |   |  | <u> </u>               | City & State   |   |   | 6. Election Campaign Financing Trust Fund Contribution        |                     |                                | 00 May Be                            |
| 7ip   |   | Country   |  | <del></del>            | (ip  | Count   | ry  | 8. This corporation has liability                             | for intangible      |                                |                                      |
|   |   | 25 and Address  | s of Current   | 29<br>Begiste          | red Anent  | 30  |   | 10. Name and Address of Ne                                    |                     | d Agent                        |                                      |
|   | y. Hame   | allu Audies   | s or corrent   | regiato                | rea Agent  | 8   | 1 Name  | 10.   |                     | <del></del>                    |                                      |
| HINDE   | IIIE WAIT   | reo n   |  |                        |  | 8   | 2 Street Add  | ress (P.O. Box Number is Not Accep                            | otable)             |                                |                                      |
| LUNDELIUS, WALTER D<br>9946 NW 49TH TERRACE   |   |   |  |                        |  |   |   | 1000 (1.0. 00) (10. 00)                                       |                     |                                |                                      |
|   | L 33178   |   |  |                        |  | 8   | 3   |   |                     |                                |                                      |
| ***************************************   |   |   |  |                        |  | 8   | 4 City  |   |                     | . 85 Z                         | ip Code                              |
|   |   |   |  |                        | 1500 5   |   | 1   | ration submits this statement for the                         | F                   |                                | registered off                       |
| <ul> <li>Pursuant te</li> </ul>   | o the provisio  | ons of Sectio   | ins 607.0502 i   | and 607                |  |   |   | ration submits this statement for the                         | purpose or c        | changing its                   | d accet I acc                        |
| or register   | ad agent, or  | both in the S   | State of Florida   | a. Such c              | chance was authori   | zea by the co   | e-named corpo<br>rporation's boa  | ard of directors. I hereby accept the                         | appointment.        | as registere                   | u agent. i am                        |
| or register   | ed agent, or<br>h, and accep  | both in the S   | State of Florida   | a. Such c              | 1508, Florida Statu<br>change was authori<br>505, Florida Statute  | zea by the co   | e-named corpo<br>rporation's boa  | and of directors. I hereby accept the                         | appointment         | as registere                   | u agent. i am                        |
| or register<br>familiar wit   | h, and accep  | both, in the s<br>ot the obligat  | State of Florida<br>ions of, Section   | a. Such c<br>on 607.05 | change was authori<br>505, Florida Statute   | zed by the co<br>s.   | rporation s boa   | ard of directors. Thereby accept the a                        | appointment<br>DATE | as registere                   | u agent. i am                        |
| or registere<br>familiar wit  | h, and accep  | both, in the Sot the obligat  | State of Florida   | a. Such con 607.05     | change was authori<br>105, Florida Statute   | zed by the co<br>s.   | e-named corpo<br>rporation's boa  | ard of directors. Thereby accept the a                        | DATE                | as registere                   | u agent. i am                        |
| or registere<br>familiar wit<br>GNATURE   | h, and accep  | both, in the Sot the obligat  | State of Floridi<br>ions of, Section<br>Tregistered agent a                                      | a. Such con 607.05     | change was authori<br>105, Florida Statute   | zed by the co<br>S.<br>OTE: Registered A  | rporation s boa   | ard of directors. Thereby accept the a<br>ed when renstating: | DATE                | as registere                   | ORS IN 12                            |
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| or register<br>familiar wit<br>GNATURE _<br>!.<br>!.<br>LE<br>ME<br>REET ADDRESS  | Signature, typed  D  JESUR  15888   | both, in the soft the obligate or printed name of Of  | State of Floriditions of, Section I registered agent a FFICERS AND ROJ                           | a. Such con 607,05     | change was authoric<br>505, Fiorida Statute<br>Sicate (N<br>ORS  | OTE: Registered Ac  13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY  | gent signature require  E  E  EET ADDRESS -ST-ZIP   | ard of directors. Thereby accept the a<br>ed when renstating: | DATE                | ND DIRECT                      | ORS IN 12                            |
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| or register familiar wit GNATURE  2.  LE  ME  REET ADDRESS  Y'-ST-ZIP  LE  ME  REET ADDRESS  IY'-ST-ZIP  LE | D JESUR 15888 MIAMI D LUNDE 9946 N  | both, in the sot the obligat or printed name o OF  UN, ARTUF SW 95TH / FL 33157  LIUS, WAL IW 49TH TI | State of Flondi<br>ions of, Section<br>registered agent a<br>FFICERS AND<br>RO J<br>AVE., APT. 1 | a. Such con 607,05     | Change was authoricated. In the composition of the  | 229 Dy the CO<br>S.  13. 1.1 Tifl. 1.2 NAM 1.3 STRE 1.4 CITY 2.1 Tifl. 2.2 NAM 2.3 STRE 2.4 CITY 3.1 Tifl. 3.2 NAM 3.3 STRE 3.4 CITY 4.1 Tifl. 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TIFL 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TIFL 6.2 NAM 6.3 STRE   | gent signature require  E  E  E  E  E  E  E  E  E  E  E  E  E   | ard of directors. Thereby accept the a<br>ed when renstating: | DATE                | ND DIRECT Change Change Change | ORS IN 12 Addition Addition Addition |

TUNGLELLA DED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR