

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # P94000043636 (7)**

1. Corporation Name  
**CAVEST, CORP.**

Principal Place of Business

**6205 SW 108 ST.  
MIAMI FL 33156**

Mailing Address

**6205 SW 108 ST.  
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/10/1994** 3a. Date of Last Report

4. FEI Number  
**65-0497031**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

2. Principal Place of Business

**21 14545 SW 79 CT**

2a. Mailing Address

**26 14545 SW 79 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

**23 Miami FL**

City & State

**28 Miami FL**

Zip

**24 33158**

Country

Zip

**29 33158**

Country

**30**

9. Name and Address of Current Registered Agent

**LUNDGREN, ROBERT M  
6205 SW 108 ST.  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**14545 SW 79 CT**

83

84 City

**Miami**

85 FL

86 Zip Code

**33158**

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

*Robert Lundgren*

**ROBERT LUNDGREN PRES.**

**4/17/95**

(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           | <b>D</b>                  |
| NAME            | <b>LUNDGREN, ROBERT M</b> |
| STREET ADDRESS  | <b>6205 SW 108 ST.</b>    |
| CITY - ST - ZIP | <b>MIAMI FL 33156</b>     |
| 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           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                              |
| 13 STREET ADDRESS  | <b>14545 SW 79 CT</b>                                                        |
| 14 CITY - ST - ZIP | <b>MIAMI FL 33158</b>                                                        |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |                                                                              |
| 23 STREET ADDRESS  |                                                                              |
| 24 CITY - ST - ZIP |                                                                              |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                                                                              |
| 33 STREET ADDRESS  |                                                                              |
| 34 CITY - ST - ZIP |                                                                              |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                                                                              |
| 43 STREET ADDRESS  |                                                                              |
| 44 CITY - ST - ZIP |                                                                              |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                                                                              |
| 53 STREET ADDRESS  |                                                                              |
| 54 CITY - ST - ZIP |                                                                              |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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)(g), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert Lundgren* **ROBERT LUNDGREN**

**4/17/95 (305) 579-8000**

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Telephone Number