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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000049500 (9)

1. Corporation Name
CATESI INVESTMENTS, INC.



Principal Place of Business
340 MINORCA AVE
SUITE 7
CORAL GABLES FL 33134

Mailing Address
340 MINORCA AVE
SUITE 7
CORAL GABLES FL 33134-4320

3. Date Incorporated or Qualified
07/05/1994
3a. Date of Last Report
03/03/1996

2. Principal Place of Business
21 1112 WESTON RD.
Suite, Apt. #, etc.
22 SUITE 168
City & State
23 WESTON FL
Zip
24 33326 Country
25 USA
26 1112 WESTON RD.
Suite, Apt. #, etc.
27 SUITE 168
City & State
28 WESTON, FL
Zip
29 33326 Country
30 USA

4. FEI Number
65-0506792
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

9. Name and Address of Current Registered Agent

REBOREDO, GASTON
340 MINORCA AV.
SUITE 7
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
REBOREDO, GASTON
82 Street Address (P.O. Box Number is Not Acceptable)
1107 ADUANA AVE.
83
84 City
CORAL GABLES FL 85 Zip Code
33146

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: *GASTON REBOREDO* 1/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	GOICOECHEA, JOSE R	
STREET ADDRESS	340 MINORCA AV. #7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	GOICOECHEA, MIKEL	
STREET ADDRESS	340 MINORCA AV. #7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	ASSISTANT VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GASTON REBOREDO
3.3 STREET ADDRESS	1107 ADUANA AVE.
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
4.1 TITLE	ASSISTANT VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REBECA REBOREDO
4.3 STREET ADDRESS	1107 ADUANA AV.
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 address.

SIGNATURE: *Gastón Reborredo* (305) 662-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)