

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049608 (0)

1. Corporation Name
CAIRO INC.



Principal Place of Business

557 S.W. 12TH AVE.
FORT LAUDERDALE FL 33312-2479
US

Mailing Address

~~705 N.E. 92ND ST.~~
~~MIAMI SHORES FL 33138~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 557 SW 12 Ave

27 Suite, Apt. #, etc.

28 FT. LAUDERDALE, FL

29 33312 30 USA

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report
04/21/1995

4. FEI Number
65-0511568

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

AZCURRA, CONNIE
705 N.E. 92ND ST.
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name AZCURRA, CONNIE
82 Street Address (P.O. Box Number is Not Acceptable)
1536 GRANT ST
83
84 City HOLLYWOOD, FL 85 Zip Code 33019

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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST
NAME AZCURRA, CONNIE
STREET ADDRESS 705 N.E. 92ND ST.
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST
1.2 NAME AZCURRA, CONNIE
1.3 STREET ADDRESS 1536 GRANT ST
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONNIE AZCURRA 4/19/96 305-944-5863

CR2E034 (12/95)