

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000049608

1. Corporation Name  
CAIRO INC.

Principal Place of Business  
557 S.W. 12TH AVE  
FORT LAUDERDALE FL 33312-2479  
US

Mailing Address  
557 SW 12 AVE  
FT. LAUDERDALE FL 33312  
US

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90093 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/05/1994

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 owes the current year Intangible  
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 1536 GRANT ST  
Suite, Apt. #, etc.

2a. Mailing Address

26 1536 GRANT ST  
Suite, Apt. #, etc.

23 City & State

Hollywood FL  
Zip 33023 Country

28 City & State

Hollywood FL  
Zip 33023 Country

9. Name and Address of Current Registered Agent

AZCURRA, CONNIE  
1536 GRANT ST  
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 1536 GRANT ST  
CITY-ST-ZIP HOLLYWOOD FL

TITLE  
NAME HELAL HATAB  
STREET ADDRESS 1536 GRANT ST  
CITY-ST-ZIP HOLLYWOOD, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
Connie Azcurra  
Date 3/17/99  
Daytime Phone # 954-521-1000

CR2E034 (11/98)

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