FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 22 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064413 (5)

1. Corporation Name
CASA VECCHIA, INC.

Principal Place of Business	Mailing Address
1318 SE 2 AVE FT LAUDERDALE FL 33316	1318 SE 2 AVE FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 08/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 790 East Broward Blvd.	26 P. O. Box 1477
Suite, Apt. #, etc: 22 Suite 300	Suite, Apt. #, etc: 27
City & State: 23 Fort Lauderdale, FL	City & State: 28 Fort Lauderdale, FL
Zip: 24 33301 — Country: 25 Broward	Zip: 29 33301 — Country: 30 Broward

4. FEI Number: 65-0524539 — 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. 199.052 Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COKER, RICHARD G JR. 1318 SE 2 AVE FT LAUDERDALE FL 33316	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	PD
NAME	COKER, RICHARD G JR.
STREET ADDRESS	1318 SE 2 AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33316

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	P/D/S	[X] Change [ ] Addition
1 NAME	Derrance W. Curran	
1 STREET ADDRESS	790 East Broward Blvd., Suite 300	
1 CITY-ST-ZIP	Fort Lauderdale, FL 33316	
2 TITLE	VP/T/D	[X] Change [ ] Addition
2 NAME	Robert Dwors	
2 STREET ADDRESS	790 East Broward Blvd, Suite 300	
2 CITY-ST-ZIP	Fort Lauderdale, FL 33316	

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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)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DERRANCE W. CURRAN, President

305/523-3344
Daytime Phone #