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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P9400089486 (2)

CASA B	ONITA USA, INC.					
Principal Place of Business 2525 NW 5 AVE MIAMI FL 33127		Mailing Address 2525 NW 5 AVE MIAMI FL 33127-4313	2525 NW 5 AVE		E TEORISON HOUSEN CITIES BOOM BOND BOND BOST DOSE DELLO MAIN BUTCH FOLIA HOUSE	
				3. Date Incorporated or Qualified 12/09/1994	3a. Date of Last Report 07/26/1996	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For	
Suite, Apt	#, etc	Suite, Apt #, etc.		65-0548383	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	e:	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	L. Ceruta	28	0	Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability to Florida Statutes	y iptangible tax under s. 199.032, X Yes No	
24	9. Name and Address of C		30	10. Name and Address of New		
СНИ	ING, MIN G		81 Name		11/4-	
	5 NW 5 AVE		82 Street Ado	iress (P.O. Box Number is Not Accept	able)	
MIAI	VII FL 33127					
			83			
			84 City		FL 85 Zip Code	
agent La SIGNATURE	in familiar with, and accept the i	obligations of, Section 607.0505, Flo	rida Statutes. Registered Agent's gnature requ	poration submits this statement for the ation's board of directors. I hereby accurred when reinstating)	DATE	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TOLE	PD CHING MIN C	[] DELETE	1,1 1171.6		Change Addition	
NAMI	CHUNG, MIN G 2525 NW 5 AVE		1.2 NAME			
SIRCEL ADDRESS CITY-ST-7 P	MIAMI FL 33127		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
TILL		DELETE	2.1 TITLE		☐ Change ☐ Addition	
HAME			2.2 NAME			
STREET ADORESS			2.3 STREET ADDRESS	•	•	
CITY: ST 7.F	· · · · · · · · · · · · · · · · · · ·	Longre	2. 4 City - St ZiP			
T TEF		DELETE	3.1 TITLE		Change Addition	
NAME Street adoress			3.2 NAME 3.3 STREET ADDRESS		· ·	
CHY-S1-Zift			3.4 CITY-ST-ZIP			
1/11/1		DELETE	4.1 TITLE	111111111111111111111111111111111111111	Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - 7d		Tetrer	4.4 CITY - ST - ZIP			
TILE		☐ DELETE	5.1 TITLE		Change Addition	
NAME STREET ADORESS			5.2 NAME			
(21 t - \$1 - 71F			5.3 STREET ADDRESS 5.4 City - St - ZiP			
DRIE		DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME		-	
STREET ATOMESS			6.3 STREET ADDRESS			
forts en 3a -			1 0 4 OUTL DT 310			

14. I do hereby certify it at 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 the and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attack and with an address.