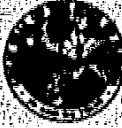


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR 11 PH 3:38	
DOCUMENT # P94000090590 (8)				
1. Corporation Name CASA GRANDE APARTMENTS, INC.				
Principal Place of Business 1699 CORAL WAY, SUITE 302 MIAMI FL 33145		Mailing Address 1699 CORAL WAY, SUITE 302 MIAMI FL 33145		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business		3. Date Incorporated or Qualified 12/14/1994		
21 Suite, Apt. #, etc.		3a. Date of Last Report		
22 City & State		4. FEI Number		
23 Zip		☒ Applied For		
24 Country		☐ Not Applicable		
25		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
26		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
27		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No		
28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No		
29		9. Name and Address of Current Registered Agent		
30		10. Name and Address of New Registered Agent		
LITTLE, JOHN M 3000 BISCAYNE BLVD. 5TH FLOOR MIAMI FL 33137		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	President ☐ Change ☒ Addition	
NAME		1.2 NAME	Jesselyn Brown	
STREET ADDRESS		1.3 STREET ADDRESS	1331 N.W. 50th St.	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Miami, Fl. 33142 ☐ Change ☒ Addition	
TITLE		2.1 TITLE	Treasurer	
NAME		2.2 NAME	Florentino Almeida	
STREET ADDRESS		2.3 STREET ADDRESS	641 W. Flagler St.	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Miami, Fl. 33130 ☐ Change ☒ Addition	
TITLE		3.1 TITLE	Secretary	
NAME		3.2 NAME	Anita Rodriguez	
STREET ADDRESS		3.3 STREET ADDRESS	1924 S.W. 25 St.	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Miami, Fl. 33133 ☐ Change ☐ Addition	
TITLE		4.1 TITLE		
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE		
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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; 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 added since the last annual report.				
SIGNATURE:		4/5/95	(305) 856-2547	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Anita Tejon Rodriguez-Tejeda (Executive Director)		Date	Telephone #	