

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000004192 (7)

1. Corporation Name

CASASCO, INC.



Principal Place of Business

1313 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES FL 33134

Mailing Address

1313 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
01/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5284 SW 69 PL.  
Suite, Apt. #, etc.

26 5284 SW 69 PL.  
Suite, Apt. #, etc.

4. FEI Number

65-0573004

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

23 Miami FL.  
City & State

28 Miami, FL.  
City & State

24 33155 25 Dade  
Zip Country

29 33155 30 Dade  
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ-GALARRAGA, JORGE  
1313 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES FL 33134

81 Name

Anthony R. Cecchini

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

5284 SW 69 PL.

83

84 City

Miami

FL

85 Zip Code

33155

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 provisions 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)

4/19/96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME SANCHEZ-GALARRAGA, JORGE  
STREET ADDRESS 1313 PONCE DE LEON BLVD., SUITE 301  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE Sec-Treasurer  
2.2 NAME Anthony R Cecchini  
2.3 STREET ADDRESS 5284 SW 69 PL.  
2.4 CITY-ST-ZIP Miami, FL 33155 ☐ Change ☒ Addition

3.1 TITLE President  
3.2 NAME Clara Fusco  
3.3 STREET ADDRESS 5454 SW 64 PL.  
3.4 CITY-ST-ZIP Miami, FL 33126 ☐ Change ☒ Addition

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Date:

Daytime Phone #

1-305-  
4/19/96 667-6571

CR2E034 (12/95)