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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

5284 SW 6 PL
SUITE 301
MIAMI FL 33155
US

Mailing Address

5284 SW 69 PL
SUITE 301
MIAMI FL 33155-5613
US

3. Date Incorporated or Qualified
01/13/1995

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 5284 S.W. 69TH PLACE

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

Zip

24 33155

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
ANTHONY CECCHINI
82 Street Address (P.O. Box Number is Not Acceptable)
5284 S.W. 69TH PLACE
83
84 City
MIAMI
85 Zip Code
FL 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or principal officer and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

MAR 04 1997

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|--------------------|----------------|-----------------|--------------------------|
| ST | ANTHONY R CECCHINI | 5284 SW 69 PL | MIAMI FL | <input type="checkbox"/> |
| P | CLARA FUSCO | 5454 SW 64 PL | MIAMI FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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 its predecessor 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

MAR 04 1997

Date

Signature Printed #

CR2E034 (9/96)