

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 # P95000007151 (0)

1. Corporation Name

CASTANEIRA, INC.



Principal Place of Business

20 ISLAND AVE. 210  
MIAMI BEACH FL 33139

Mailing Address

20 ISLAND AVE. 210  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

BEFELER, GEORGE  
150 W FLAGLER ST  
STE 2701, MUSEUM TOWER  
MIAMI FL 33130

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

(Supplemental to the signature of the registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ DELETE

NAME LINTEN, JOSEPH  
STREET ADDRESS 20 ISLAND AVE, 210  
CITY-STATE-ZIP MIAMI BEACH FL 33139

1.1 TITLE ☒ Change ☐ Addition

NAME JUANA CASTANEIRA  
STREET ADDRESS 20 ISLAND AVE, 210  
CITY-STATE-ZIP MIAMI BEACH, FL 33139

1.2 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

1.3 TITLE ☐ DELETE

2.2 TITLE ☐ Change ☐ Addition

1.4 TITLE ☐ DELETE

2.3 TITLE ☐ Change ☐ Addition

1.5 TITLE ☐ DELETE

2.4 TITLE ☐ Change ☐ Addition

1.6 TITLE ☐ DELETE

2.5 TITLE ☐ Change ☐ Addition

1.7 TITLE ☐ DELETE

2.6 TITLE ☐ Change ☐ Addition

1.8 TITLE ☐ DELETE

2.7 TITLE ☐ Change ☐ Addition

1.9 TITLE ☐ DELETE

2.8 TITLE ☐ Change ☐ Addition

1.10 TITLE ☐ DELETE

2.9 TITLE ☐ Change ☐ Addition

1.11 TITLE ☐ DELETE

2.10 TITLE ☐ Change ☐ Addition

1.12 TITLE ☐ DELETE

2.11 TITLE ☐ Change ☐ Addition

1.13 TITLE ☐ DELETE

2.12 TITLE ☐ Change ☐ Addition

1.14 TITLE ☐ DELETE

2.13 TITLE ☐ Change ☐ Addition

1.15 TITLE ☐ DELETE

2.14 TITLE ☐ Change ☐ Addition

1.16 TITLE ☐ DELETE

2.15 TITLE ☐ Change ☐ Addition

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1.19 TITLE ☐ DELETE

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2.26 TITLE ☐ Change ☐ Addition

1.28 TITLE ☐ DELETE

2.27 TITLE ☐ Change ☐ Addition

1.29 TITLE ☐ DELETE

2.28 TITLE ☐ 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 #

1-15-96 368-0737

CR2E034 (12/95)