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 # **P95000024199 (8)**

1. Corporation Name

CAILANDO, INC.

Principal Place of Business	Mailing Address
5401 S KIRKMAN RD. 500 ORLANDO FL 32819	5401 S KIRKMAN RD. 500 ORLANDO FL 32819

2. Principal Place of Business	2a. Mailing Address
21 8677 8th Street	26 8677 8th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Orange Center	27 Orange Center
City & State	City & State
23 Orlando, FL	28 Orlando, FL
Zip / Country	Zip / Country
24 32836 / 25 Orange	29 32836 / 30 Orange

3. Date Incorporated or Qualified: 03/24/1995

3a. Date of Last Report: Initial

4. FEI Number: 59-3314045 ☐ 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

WASHBURN, KENNETH R
5401 S KIRKMAN RD, 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: Kenneth R. Washburn

82 Street Address (P.O. Box Number is Not Acceptable): 1153 Mill Run Circle

83

84 City: Apopka **FL** 85 Zip Code: 32703

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 _____ DATE

(If changing Registered Agent, signature required when terminating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEUMANN, CLAUDIO 5401 S KIRKMAN RD, 500 ORLANDO FL 32819	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/P Neumann, Claudio 8677 8th Street, Orange Center Orlando, FL 32836	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDRADA, MARIA I 5401 S KIRKMAN RD, 500 ORLANDO FL 32819	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/VP Andrada, Maria I 8677 8th Street, Orange Center Orlando, FL 32836	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 addre

Claudio Neumann 02/15/1996 (407) 238-9925

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #