FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P95000048467 (1)

FILED Feb 17 1998 8:00am Secretary of State

CAVIG	ON INC.				
Principal Plac	e of Business	Mailing Address		I TORKINGET THE TOTAL CHINE SELLY DOUTH WOULD BE THE	EBBI 18144 BEGEN BILIT FANT FANT
11201 S.W. 40TH ST. 11201 S.W. 40TH ST. MIAMI FL 33165 MIAMI FL 33165			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified	
				06/21/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# -1.	26		65-0589062	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cr	
24	g, Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	
				10. Hallo and Address of Now Hogestone	- Agom
CANO, GUILLERMO E 9610 S.W. 28 ST.					
MIAMI FL 33165			82 Street Ad	idress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	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.					
egent la	egistered agent, or both, in the State im familiar with, and accept the oblic	e of Fioridal Such change was a pations of, Section 607.0505, Flo	autnorized by the corpor prida Statutes.	ration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature Typed or printed name of registered is		l : Registered Agent signature red	outred when reinstaling) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	7,0011107,011/1/1020 10 071102110711	☐ Change ☐ Addition
NAME	AVILA, JOSE A		1.2 NAME		
STREET ADDRESS	11350 S.W. 50 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY+ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	CANO, GUILLERMO E		2.2 NAME		
STREET ADORESS	9610 S.W. 28 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		2 4 CITY-ST-ZIP		
TITLE	VP	☐ DELFTE	3.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, JUAN E		3.2 NAME		
STREET ADDRESS	12784 SW 48 TERR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175	Decemen	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME		berete	5.2 NAME		- Same Same
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		—	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP

14. I 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 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

JOSE A. Avien

305- 223 - 3657