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 # P95000058545 (1)

1. Corporation Name
CASA NAPLES, INC.

Principal Place of Business X
[redacted]

Mailing Address X
[redacted]

3. Date Incorporated or Qualified: 07/28/1995	3a. Date of Last Report: —
4. FEI Number: EIN # X 65-0660756	Applied For / Not Applicable
5. Certificate of Status Desired: ☐ NO	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ NO	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21: 3508 Donoso Ct	26: 3508 Donoso Ct
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Naples, Fl	City & State 28: Naples, Fl
Zip 24: 33999 · Country 25: USA	Zip 29: 33999 · Country 30: USA

9. Name and Address of Current Registered Agent

[redacted]

10. Name and Address of New Registered Agent

81 Name: X Dolly Cohan c/o Phulwani + Levine
82 Street Address (P.O. Box Number is Not Acceptable): 777 Lantana Road
83
84 City: X Lantana FL 85 Zip Code: X 33462

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: X [signature] DATE: 4/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VOGL, LUIS	1.2 NAME	
STREET ADDRESS	~~ST. MARTIN STRASSE 100 D 82467~~	1.3 STREET ADDRESS	Schwabener Weg 2
CITY-ST-ZIP	~~GARMISCH PARTENKIRCHEN, GERM.~~	1.4 CITY-ST-ZIP	D-85630 Grasbrunn, Germany
TITLE	~~VSD~~ ☐ DELETE	2.1 TITLE	USD ☐ Change ☐ Addition
NAME	~~VOGL, AMMELIE~~	2.2 NAME	Vogl Annelie
STREET ADDRESS	ST. MARTIN ~~STRASSE 100 D 82467~~	2.3 STREET ADDRESS	Schwabener Weg 2
CITY-ST-ZIP	~~GARMISCH PARTENKIRCHEN, GERM.~~	2.4 CITY-ST-ZIP	D-85630 Grasbrunn, Germany
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: X Annelie Vogl, Director — 4/26/96 — 941-5974392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (12/95)