

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062018

1. Corporation Name

KASSANDRA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**204 SW 57TH AVE
MIAMI FL 33144**

3. Date Incorporated or Qualified

8/9/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0601918

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENRIQUE GARCIA
204 SW 57TH AVE
MIAMI FL 33144**

81 Name

82 Street Address (P.O. Box Numbers 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 *[Signature]* **ENRIQUE GARCIA**

3/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE
NAME **P/T/S/D**
STREET ADDRESS **ENRIQUE GARCIA**
CITY-ST-ZIP **204 SW 57TH AVE
MIAMI FL 33144**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**3000017688958
-04/04/96--01014--015
***200.00**

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.

ENRIQUE GARCIA

3/15/96

305 264-8970

CR2E034 (12/95)

ok