

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000083520 (3)
 1. Corporation Name
CASA GRANDE PROPERTIES, INC.



Principal Place of Business: **6355 SW 8TH ST. MIAMI FL 33144**
 Mailing Address: **1757 W 62ND ST. HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|-------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 28 6355 SW 8 ST | | 10/27/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0642458 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 Miami Florida | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 24 | | 29 33144 | | 38.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 25 | | 30 | | 55.00 May Be Added to Fees | |
| 26 | | 31 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
JULIA, ROBERT JAMES
1757 W. 62ND STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent
 B1 Name: **Robert Julia**
 B2 Street Address (P.O. Box Number is Not Acceptable): **4211 W 62 ST 7 LANE**
 B3
 B4 City: **Hialeah** FL B5 Zip Code: **33012**

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: *Robert Julia* DATE: **5/1/98**

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | JULIA, ROBERT J |
| STREET ADDRESS | 1757 W 62ND ST. |
| CITY-ST-ZIP | HIALEAH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | V ESTEVE, HUMBERTU |
| STREET ADDRESS | 901 PONCE DE LEON BLVD. STE 304 |
| CITY-ST-ZIP | CORAL GABLES FL 33134 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | S IGLESIAS, ZELMA |
| STREET ADDRESS | 2457 COLLINS AVE. APT. 1504 |
| CITY-ST-ZIP | MIAMI BCH. FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | P VILARINO, MANUEL I |
| STREET ADDRESS | 3805 SW 8TH ST. |
| CITY-ST-ZIP | MIAMI FL 33134 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PROSPER ENT |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | TREASURER |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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.

SIGNATURE: *Robert Julia* DATE: **5/1/98**

CR2E034 (10/97)