

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

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AND
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98 MAR -5 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



CORPORATION
ANN
1997

DOCUMENT # P95000083824 (9)

1. Corporation Name
CASA VECCHIA ANTIQUES, INC.



Principal Place of Business
2600 DOUGLAS ROAD
SUITE 604
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS ROAD
SUITE 604
CORAL GABLES FL 33134-6125

3. Date Incorporated or Qualified
11/02/1995

3a. Date of Last Report
06/27/1996

2. Principal Place of Business
21 2600 SW 47 street

2a. Mailing Address
26 PO Box 557005

4. FEI Number
65-0636045

Applied For
Not Applicable

22 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 City & State
Miami Fla.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33155

25 Country
USA

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

26 Suite, Apt. #, etc.

81 Name
Valerio, Margarita

9. Name and Address of Current Registered Agent
VALERIO, MARGARITA
2600 DOUGLAS ROAD
SUITE 604
CORAL GABLES FL 33134

82 Street Address (P.O. Box Number is Not Acceptable)
PO Box 557005 5886 SW.

27 City & State
Miami Fla.

83

28 Zip
33155

29 Country
USA

84 City
Miami

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 12/12/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D VALERIO, MARGARITA
2600 DOUGLAS ROAD SUITE 604
CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

200002452972--7
-03/10/98

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D CAORSI, MARTA
2600 DOUGLAS ROAD SUITE 604
CORAL GABLES FL 33134

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

****750.00 ****750.00
200002452972--7
-03/10/98

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

REINSTATEMENT 97-98
a. alone
3/5/98

REINSTATEMENT 97-98