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 # P95000086320 (5)

1. Corporation Name

CAS ACCOMMODATIONS, INCORPORATED

Principal Place of Business	Mailing Address
8290 LAKE DRIVE APT. 507 MIAMI FL 33166	8290 LAKE DRIVE APT. 507 MIAMI FL 33166

3. Date Incorporated or Qualified: 11/08/1995
3a. Date of Last Report:
4. FEI Number: 65-0627684 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $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 8100 GENEVA CT.	26 8100 GENEVA CT.
22 Suite, Apt #, etc. Suite C-237.	27 Suite, Apt #, etc. Suite C-237
23 City & State MIAMI FL	28 City & State MIAMI, FL
24 Zip 33166 25 Country USA.	29 Zip 33166 30 Country USA.

9. Name and Address of Current Registered Agent

OZCAN, MERCEDES
8290 LAKE DRIVE
APT. 507
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8100 GENEVA CT.
83 Suite C-237.
84 City MIAMI FL 85 Zip Code 33166

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 Mercedes Ozcan   5/01/96
Signature, typed or printed name of registered agent and title if applicable   DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	MERCEDES OZCAN	
STREET ADDRESS	8100 GENEVA CT. APT C-237	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR OF OPERATIONS	☐ Change ☒ Addition
1.2 NAME	STEVEN TEMPRANO.	
1.3 STREET ADDRESS	8100 GENEVA CT. C-237	
1.4 CITY-ST-ZIP	MIAMI FL 33166.	
2.1 TITLE	SECRETARY	☐ Change ☒ Addition
2.2 NAME	ELIZABETH TEMPRANO	
2.3 STREET ADDRESS	8100 GENEVA CT C-237	
2.4 CITY-ST-ZIP	MIAMI FL 33166.	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6-20-96

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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: Mercedes Ozcan   5/01/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #