PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P96000018066 1. Corporation Name

FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90028 015 ***150.00

CASITAG	REALTY, INC.						
		**					
Principal Place	of Business	Mailing Address			1 1001000	4,0,1,00,	
3000 N. FEDERAL HIGHWAY 3000 N. FEDERAL HIGHWAY							
BLDG. 2. SUITE 200 FORT LAUDERDALE FL 33306 BLDG. 2. SUITE 200 FORT LAUDERDALE FL 33306			vc		DO NOT WRITE IN T	HIS SPACE	•
FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 3330)		3. Date Incorporated or Qualifed	110 01 702	
		S. By S.			02/27/1996		
Principal Place of Business 2a. Mailing Address				4. FEI Number	.	pplied For	
21		26 .			65-0645504		lot Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	y	Additional lequired	
22 27							
City & State City & State				6. Election Campaign Financing Trust Fund Contribution	·	May Be to Fees	
23	Country	Zip	Country		8. This corporation owes the current year		101 663
Zip	Country 25	29 3	¬ ′		Personal Property Tax.	☐ Yes	XINo
24	9. Name and Address of Curren		<u>"</u>		10. Name and Address of New Register	red Agent	-
	5. Habite Blid Address of Gallet	111091010101010101010101010101010101010	81	Name			
SAA	VEDRA, RODRIGO L JR.				CO C No bearing New Assessments		
3000	N. FEDERAL HIGHWAY		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		1.
BLDO	G. 2, SUITE 200		83	·	al - L A A - La - ·		,
FOR1	T LAUDERDALE FL 33306		<u> </u>			11	
			84	_City		=L- 85 -210	.Code
11 Pursuant f	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	e-named co	propration submits this statement for the purpose	e of changing its	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norized by	the corpora	ation's board of directors. I hereby accept the ap	opointment as re	egistered
agent. Fai	m tarrillar with, and accept the obliga	ablis of, Section 601.0303, Florid	a clarates	••			l l
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: R	egistered Ager		uired when reinstating) DATE		
SIGNATURE 12.		nt and title if applicable. (NOTE: R	egistered Ager		uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
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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, with all other like empowered. CITY-ST-ZIP