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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000021465 (5)

1. Corporation Name
CASILDA INVESTMENTS, INC.



Principal Place of Business: 251 ROYAL PALM WAY, SIXTH FLOOR, PALM BEACH FL 33480

Mailing Address: 251 ROYAL PALM WAY, SIXTH FLOOR, PALM BEACH FL 33480-4302

3. Date Incorporated or Qualified: 03/04/1996

3a. Date of Last Report

2. Principal Place of Business: 21

2a. Mailing Address: 26 c/o Mendoza, Callas & Schilling

4. FEI Number: 65-0649104

Applied For: Not Applicable

22. Suite, Apt. #, etc.: 251

27. Suite, Apt. #, etc.: 251 Royal Palm Way, #602

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

23. City & State: 28 Palm Beach, FL

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

24. Zip: 25 33480

29. Zip: 30 33480

Country: 31 USA

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

9. Name and Address of Current Registered Agent
DE MENDOZA, MARIO G III
251 ROYAL PALM WAY
SIXTH FLOOR
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DE MENDOZA, MARIO G III	
STREET ADDRESS	251 ROYAL PALM WAY, 6TH FLOOR	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY - ST - ZIP		
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	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DE MENDOZA, ENRIQUE G.	
1.3 STREET ADDRESS	251 ROYAL PALM WAY	
1.4 CITY - ST - ZIP	PALM BEACH, FL 33480	
2.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DE MENDOZA, ENRIQUE G. JR.	
2.3 STREET ADDRESS	251 ROYAL PALM WAY	
2.4 CITY - ST - ZIP	PALM BEACH, FL 33480	
3.1 TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MENDOZA, MATILDE G. DE SENIOR	
3.3 STREET ADDRESS	251 ROYAL PALM WAY	
3.4 CITY - ST - ZIP	PALM BEACH, FL 33480	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DE MENDOZA, JUAN G.	
4.3 STREET ADDRESS	251 ROYAL PALM WAY	
4.4 CITY - ST - ZIP	PALM BEACH, FL 33480	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DE MENDOZA, MARIO G. III	
5.3 STREET ADDRESS	251 ROYAL PALM WAY	
5.4 CITY - ST - ZIP	PALM BEACH, FL 33480	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILKINSON, DEBRA	
6.3 STREET ADDRESS	251 ROYAL PALM WAY	
6.4 CITY - ST - ZIP	PALM BEACH, FL 33480	

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.

SIGNATURE: *Enrique G. de Mendoza* ENRIQUE G. DE MENDOZA X 11/3/97 561/659-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)