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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021465
1. Corporation Name
CASILDA INVESTMENTS, INC.

Principal Place of Business
251 ROYAL PALM WAY
SIXTH FLOOR
PALM BEACH FL 33480
Mailing Address
MENDOZA, GALLAS & SCHILLING
251 ROYAL PALM WAY, #602
PALM BEACH FL 33480
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

3. Date Incorporated or Qualified
03/04/1996
4. FEI Number
65-0649104
5. Certificate of Status Desired
6. Election Campaign Financing
7. This corporation owes the current year Intangible Personal Property Tax.

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
83
84 City
85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD DEMENDOZA, ENRIQUE G; VSD DEMENDOZA JR, ENRIQUE G; VD MENDOZA, MATILDE G DE SENI; TD DE MENDOZA, JUAN G; AS DEMENDOZA III, MARIO G; AS WILKINSON, DEBRA.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include VAS.

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.

SIGNATURE: Enrique G. de Mendoza, Pres. 2/8/99 (561) 659-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)