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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000033704 (3) DOCUMENT #

CASA IMPORTS, INC.

Principal	Place	of	Business
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2. Principal

22

23 Zip 24

28071 VANDERBILT DRIVE BONITA SPRINGS FL 34134 Mailing Address

28071 VANDERBILT DRIVE **BONITA SPRINGS FL 33923**

FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					04/15/1996		
Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
		26			65-0692803	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, et		otc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	1 ´		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Country 30		This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible XI Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	LLAS, LUIS M			81 Name			
245 MADISON COURT FT MYERS BEACH FL 33931			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			Ī	83			
			T T	84 City	F**1	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 Statules. SIGNATURE Signature, typind or printed name of registered agent and title if applicable (NOTE Registered Agent arguature required when reinstating) DATE CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE ARENILLAS, LUIS M 1.2 NAME NAME 245 MADISON COURT STREET ADDRESS 1.3 STREET ADDRESS FT MYERS BEACH FL CITY-ST-ZIP 14 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2 2 NAME STREET ADDRESS 2 3 STREE1 ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE TITLE 3.1 TIBLE ☐ Change Addition 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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.