BECOND NOTICE: CORPORATION WILL I	BE DISSOLVED ON OR AFTI ISSOLVED, MINIMUM AMOUNT D	ER AUGUST 9, 199 Due to reinstate: \$37	5. (5)	
PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State	FILE	= n
DOCUMENT # P960 1. Corporation Name CASANOVA COLL	000 34992 Ection Cor	97 JUL -7 AM 8: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 18322 NW 68TH NIAMI FL	Mailing Address AVE #132	<u>′</u>	DO NOT WRITE	IN THIS SPACE.
			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		APPUED FOR	SR 75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Ζ(p 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	tangible tax under s. 199.032,
9. Name and Address of Curr		81 Name	10. Name and Address of New Re	gistered Agent
LIZETTE CASA 18322 NW 68TH UIAMI FL 35		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
PIRMI 14 0		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of fic familiar with, and accept the obligations of, Sc	orida. Such change was authorized	the above-named corpor by the corporation's boar	ration submits this statement for the purp rd of directors. I heroby accept the appoi	age of changing its registered office
SIGNATURE Signalure, typed or printed name of registered ay	and and left if province by	Registered Agent signature require	duding existation	DATE
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE P		1 1 1171.6		CERS AND DIRECTORS IN 12 Change Addition
NAME LIZETTE CAS	ANOVA die	1.2 NAME		2E034
	STH AUG #18C	1.3 STREET ADDRESS 1.4 City-St-Zip		<u> </u>
CHY-ST-ZIP MIANI EL	38015	2.1 TITLE	Service described and the service of	Chapge Addition
NAME		2 2 NAME	5000056 -07/11/2	2 3 5 5 6 6 6 9 5 1 Addition
STREET ADDRESS		2 3 STREET ADDRESS	****16!	5.00 ****165.00
CITY-\$1-ZIP		2 4 City - St - ZiP		
TILE		3 1 1/TLE		Change Addition
NAME STREET ADDRESS		3.2 NAME 3.3. STREET ADDRESS		
CITY-ST-2IP		3 4 CITY - ST - ZIP		ļ
TITLE		4.1 1ITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.9 STREET ADDRESS		
CITY - \$1 - ZIP		4.4 Crt Y - \$1 - ZtP		Change Ladder
TITLE		51 HILE		☐ Change ☐ Addition
NAME STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-2IP		5.3 STREET ADDRESS 5.4 CHY+ST-ZIP		
TITLE		6.1 TITLE		Change Addition

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-extrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Brock 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY - ST - ZIP