FILED

Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000045739

1, Corporation Name

SU CASA INTERNATIONAL BUSINESS, INC.

| | | | | <u> </u> | | |
|--|-------------------------------------|------------------------------|--|--------------------------------|---------------------------------------|--|
| Principal Place of Business | Mailing Address | | 1,000,000 | | | |
| 3734 131ST AVE N | 3734 131ST AVE N 3 | | | | | |
| 3 CLEARWATER FL 34622 | CLEARWATER FL 34622 | | | DO NOT WRITE IN THIS SPACE | | |
| US | US | | 3. Date Incorporated or Qua | alifed | | |
| | | | 05/23/1996 | | | |
| 2. Principa Place of Business | 2a. Mailing Address | | 4. FEI Number | App | lied For | |
| 21 3742 Terration La | ND. 26 | | 59-3392685 | Not | Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desir | red | | |
| City & State | City & State | | 6. Election Campaign Finan | ncing 55,00 | May Be | |
| 23 Coral Springs! | - Σ. 28 | | Trust Fund Contribution | Added to | · · · · · · · · · · · · · · · · · · · | |
| Zip Cour try | Zip | Соилtгу | 8. This corporation owes the | e current year ntangible . | , | |
| 21 33067 25 USA | 29 | 30 | Persor al Property Tax. | ☐ Yes | (Q No | |
| 9. Name and Address of Cur | rent Registered Agent | | 10. Name and Address of I | New Registered Agent | | |
| | | 81 Name | e | | | |
| DELGADO, JORGE E 12000 4TH STREET NORTH #72 | | 82 Stree | t Acdress (P.O. Box Number is Not Ac | | F015. | |
| ST. PETERSBURG FL 33716 | 83 | :3742 Jerru | hiv rave or | <u>.2107</u> | | |
| • | | | | | | |
| | | 84 City | Con Spring | FL 85 Zip C | 35.7 | |
| 11. Pursuant to the provisions of Sc ctions 607.0 | 0502 and 607.1508, Florida Statu | tes, the above-name | d corporation submits this statement for | or the purpose of changing its | registered | |
| office or registered agent, or both, in the State agent. I am familiar with, and accept the obline | ate of Florida, Such change was | authorized by the cor | portition's board of directors, i nereby | accept the appointment as reg |) Stored | |
| | | at a | tion of | 1-2-4-0 | i a | |
| SIGNATURE Signature, typed or printed na ne of registered | agent and title if applicable. (NOT | E: Registered Agent signatur | e jequired when reinstating) | DATE | | |
| | AND DIRECTORS | 13. | ADDITIONS/CHANGES T | O OFFICERS AND DIRECTOR | | |
| TITLE PTSD | ☐ OELETE | 1.1 TITLE | | (Change | ☐ Addition | |
| NAME DELGADO, JORGE E | | 12 NAME | | 1 | ., | |
| STREET ADDRESS 12000 4TH STREET NORTH | #72 | 1.3 STREET ADDRÉS | s 3742 Terrapir | 1 hance # 210 | †_ | |
| CITY-ST-ZIP ST. PETERSBURG FL 33716 | 3 | 1,4 CITY-ST-ZIP | Come Socio | 60 FL: 3300 | ح - ا | |
| TITLE VD | ☐ DELETE | 2.1 TITLE | | Change | ☐ Addition | |
| NAME DELGADO, KATHLEEN J | | 2.2 NAME | | 1 16 01.00 | -, | |
| STREET ADDRESS 12000 4TH STREET NORTH | #72 | 2.3 STREET ADDRES | s 3742 Terrapir | 7 Lane # 210. | 1; | |
| CITY-ST-ZIP ST. PETERSBURG FL 33716 | • | 2.4 CITY+ST-ZIP | Come Series | <u>;0 FL 3300</u> | <u>'</u> '† | |
| TITLE | ☐ DELETE | 3.1 TITLE | | ① ☐ Change | Addition | |
| NAME | | 3.2 NAME | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRES | s | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | ☐ DELETE | 4.1 TITLE | | Change | Addition | |
| NAME | | 4.2 NAME | | | | |
| STREET ADDRE 3S | | 4.3 STREET ADDRES | ss | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | DELETE | 5.1 TITLE | | ☐ Change | Addition | |
| NAME | | 5.2 NAME | | | | |
| STREET ADDRE SS | | 5.3 STREET ADDRES | s | | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | Change | Addition | |
| NAME | | 6.2 NAME | | | | |
| STREET ADDRE 3S | | 6.3 STREET ADDRES | s | | | |

14. 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 dustee empowered to execute this report as recuired 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.

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR LIGHTYPED NAME OF SIGNING OFFICER OR DIRECTOR