SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## 1998 DOCUMENT # 1. Corporation Name P96000069675 (2)

CASIELLE CORPORATION, INC.

## **FILED** Jul 16 1998 8:00am Secretary of State



Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Solite, Apt. #, etc.   Soli	
CORAL GABLES FL 33146  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 08/19/1996  4. FEI Number 65 - 0689 908 Applie APPLIED FOR APPLIE	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65 - 0689 908 Applie 21 26 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Requirement Of Status Desired Of Desir	
2. Principal Place of Business 2. Mailing Address 4. FEI Number APPLIED FOR 5. O689908 Applie Not A	
28 Suite, Apt. #, etc.  29 Suite, Apt. #, etc.  City & State  Country  8. This corporation owes or has paid the current year Intenging Personal Property Tax due June 30.  Note Added to F.  Note Added to F.  Note Added to F.  Note Added to F.  Street Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  CORAL GABLES FL 33146  83 Name  10. Name and Address of New Registered Agent  84 City  FL 85 Zip Code  Corporation submits this statement for the purpose of changing its register of segment. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or privided name of registered agent and this it applicable  (NOTE: Registered Agent signature required when reinstalling)  DATE  Change  Change  City State  Statute of Status Date of Country  State of Coun	
Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.	For
22   27   27   28   28   29   30   30   30   30   30   30   30   3	plicable
Trust Fund Contribution Added to Fundamental State of Fundamental Added to Fundamental State of Fundamental State	
Zip Country Zip 25	Ве
25 29 30 Personal Property Tax due June 30. Yes No.  9. Name and Address of Current Registered Agent  ECHARTE, CAROLINA A  435 BARGAROSSA AVE  CORAL GABLES FL 33146  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City  FL 85 Zip Code  64 City  FL 85 Zip Code  65 City FL 85 Zip Code  66 City FL 85 Zip Code  67 City FL 85 Zip Code  68 City FL 85 Zip Code  69 City FL 85 Zip Code  69 City FL 85 Zip Code  60 City FL 85 Zip Code  61 City FL 85 Zip Code  61 City FL 85 Zip Code  62 City FL 85 Zip Code  63 City FL 85 Zip Code  64 City FL 85 Zip Code  65 Zip Code  66 City FL 85 Zip Code  67 City FL 85 Zip Code  67 City FL 85 Zip Code  67 City FL 85 Zip Code  68 Zip Code	
9. Name and Address of Current Registered Agent  ECHARTE, CAROLINA A  435 BARBAROSSA AVE  CORAL GABLES FL 33146  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code  65 City 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 registed agent, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  85 Signature. Signature, typed or printed name of registered agent and bitle if applicable (NOTE: Registered Agent signature required when reinstating)  16 OFFICERS AND DIRECTORS  17 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19 Change	
ECHARTE, CAROLINA A 435 BARBAROSSA AVE CORAL GABLES FL 33146  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL 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 register of agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ITITLE  PSTD  DELETE  1.1 ITITLE  Change  Change	
435 BARBAROSSA AVE CORAL GABLES FL 33146  82 Street Address (P.O. Box Number Is Not Acceptable)  83  84 City  FL 85 Zip Code  85 Direct Address (P.O. Box Number Is Not Acceptable)  86 Direct Address (P.O. Box Number Is Not Acceptable)  87 Direct Address (P.O. Box Number Is Not Acceptable)  88 Direct Address (P.O. Box Number Is Not Acceptable)  89 Direct Address (P.O. Box Number Is Not Acceptable)  80 Direct Address (P.O. Box Number Is Not Acceptable)  81 Direct Address (P.O. Box Number Is Not Acceptable)  82 Street Address (P.O. Box Number Is Not Acceptable)  83 Direct Acceptable)  84 City  FL 85 Zip Code  85 Direct Address (P.O. Box Number Is Not Acceptable)  86 Direct Acceptable)  86 Direct Acceptable)  87 Direct Address (P.O. Box Number Is Not Acceptable)  88 Direct Acceptable)  88 Direct Address (P.O. Box Number Is Not Acceptable)  89 Direct Acceptable)  89 Direct Acceptable)  80 Direct Acceptable)  81 Direct Acceptable)  81 Direct Acceptable)  82 Direct Acceptable)  83 Direct Acceptable)  84 City  85 Zip Code  85 Zip Code  86 Direct Acceptable)  85 Zip Code  86 Direct Acceptable)  86 Direct Acceptable)  86 Direct Acceptable)  87 Direct Acceptable)  88 Zip Code  89 Direct Acceptable)  89 Direct Acceptable)  80 Direct Acceptable)  80 Direct Acceptable)  80 Direct Acceptable)  80 Direct Acceptable)  81 Direct Acceptable)  82 Direct Acceptable)  82 Direct Acceptable)  83 Direct Acceptable)  84 City  85 Direct Acceptable)  85 Direct Acceptable)  86 Direct Acceptable)  86 Direct Acceptable)  87 Direct Acceptable)  87 Direct Acceptable)  88 Direct Acceptable)  89 Direct Acceptable)  89 Direct Acceptable)  80 Direct Acceptable)  8	
CORAL GABLES FL 33146  83  84 City  FL  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 register of 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 registed 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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PSTD  Change  Change	
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 register of 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 register 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 relinatating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PSTD  DELETE  1.1 TITLE  Change  Change	
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 register of 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 register 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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PSTD  Change  Change	
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 register of office or registered agent, or both, in the State of Florida Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as register 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 bitle if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PSTD  Change  1.1 TITLE  Change	
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 register 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  12. OFFICERS AND DIRECTORS  TITLE  PSTD  DELETE  1.1 TITLE  DELETE  1.2 NAME  DELATE, CAROLINA A  1.2 NAME	
Signature, typed or printed name of registered agent and bitle if applicable (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PSTD DELETE 1.1 TITLE NAME 1.2 NAME	red red
12. OFFICERS AND DIRECTORS  TITLE PSTD DELETE 1.1 TITLE  NAME ECHARTE, CAROLINA A  12. NAME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  1.2 NAME	
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NAME ECHARTE, CAROLINA A 12 NAME	Addition
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STREET ADDRESS 435 BARBAROSSA AVE 1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33146 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE Change	Addition
NAME 2.2 NAME	
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CRY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE	
C orange C	
NAME 6.2 NAME	Addition
STREET ADDRESS 6.3 STREET ADDRESS	Addition
6.4 CITY-ST-ZIP  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	Addition

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.

State Product PARRILLA A TOHARTE