

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

FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000077850 (1)
1. Corporation Name:
CABALLERO, INC.



Principal Place of Business: 3910 NW 25TH ST. MIAMI FL 33142	Mailing Address: 3910 NW 25TH ST. MIAMI FL 33142-6722
--	---

3. Date Incorporated or Qualified 09/18/1996	3a. Date of Last Report
--	-------------------------

21. Principal Place of Business 3910 N.W. 25 ST.	22. Mailing Address SAME
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Miami, FL.	28. City & State
24. Zip 33142	25. Country U.S.A.
29. Zip	30. Country

4. FEI Number 65-0692425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CABALLERO, LEONARDO R
3910 NW 25TH ST.
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81. Name SAME
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 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 conditions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Leonardo R. Caballero* (NOTE: Registered Agent signature required when reinstating) DATE: **1-23-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABALLERO, LEONARDO R	1.2 NAME	
STREET ADDRESS	4260 E. 8TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABALLERO, FLOR M	2.2 NAME	
STREET ADDRESS	4260 E. 8TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABALLERO, LEONARDO M V	3.2 NAME	
STREET ADDRESS	4260 E. 8TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABALLERO, GIOVANNY F	4.2 NAME	
STREET ADDRESS	4260 E. 8TH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

\$165 BANK **VB 2-21**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or on an attachment with an address.

SIGNATURE: *Leonardo R. Caballero* DATE: **1-23-97** (305) 871-1919

CR2E034 (9/96)