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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000092331**1. Corporation Name

SU CASA REALTY & FINANCING, INC.					na na 1814 : 11 88: 11180 11181 1181 1881
Principal Place	of Business	Mailing Address		- I (MANIEM) IEM INSIA ONISI BRASH ANTIN DANK	SSISD SOTID ICOM ICION STAN TION ISRU
1881 NE 26TH ST P.O. BOX 849021					
STE 212 PEMBROKE PINES FL 33084				. DO NOT WRITE IN	THIS SDACE
WILTON MANORS FL 33305				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				11/12/1996	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	acc or Basilloss	26		65-0704176	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax. 10. Name and Address of New Registe	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of Net 81 Name					van vaaur
HERI	NANDEZ, JUAN CARLOS				;
1881 NE 26TH ST				dress (P.O. Box Number is Not Acceptable)	
STE 212					
WILTON MANORS FL 33305				<u> </u>	· 100 100 100 100 100 100 100 100 100 10
1			84 City	21 / 4 / WY F T W 34 /	Fi 85 Zip Code
44 Durayant	to the provisions of Sections 607 0502	and 607 1508. Florida Stati	ites the above-named corr	poration submits this statement for the purpo-	se of changing its registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was	authorized by the corporati	poration submits this statement for the purpo- tion's board of directors. I hereby accept the a	appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fi	unda Statutes.		•
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DAT	rë
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, JUAN CARLOS		1.2 NAME		
STREET ADDRESS	6911 LEE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY-ST-ZIP		
TITLE		. DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	,	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE '		☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		护 5% 购的 的的第三人称单数
CITY-ST-ZIP	v .	□ DELETE	3.4. CITY-ST-ZIP		Change 2 Addition
TITLE	*	☐ DELETE	4.1 TITLE	STATE OF THE STATE	Assistant Annual Control of the Cont
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		[] DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETË	5.1 TITLE		☐ Change ☐ Addition
NAME.			5.2 NAME	. 1	

14. I hereby 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 employered 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, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90053 008 ***150.00

☐ Addition