**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700000589

1. Corporation Name

CASCADES DEVELOPMENT INC

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90205 032 \*\*\*150.00

CASCAL	DES DEVELOPIVILINI, INC.				
Principal Flag	ce of Business	Mailing Address			
12300 S.W. 132ND COURT 12300 S.W. 132ND COURT MIAMI FL 33186 MIAMI FL 33186			•		DO NOT WRITE IN THIS SPACE
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
					/ /
B Dringing 1	Place of Business	2a. Mailing Address			01/03/1997 4. FEI Number Applied For
$\overline{}$	Place of Business	26 Walling Address			APPLIED FOR 7/87/2 No. Applicable
Suite, # pt	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	. ", 0.0.	27			5. Certificate of Status Desired Fee Required
City & 5 ta	ite	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	try	8. This exporation owes the current year Intangible
24	25	29	30	·	Personal Property Tax.
<del></del>	9. Name and Adcress of Currer		<del></del>		10. Name and Address of New Registered Agent
			1	B1 Name	ne
	APIRO, JEREMY		ļ.	Of Char	out Address (P.O. Roy Number is Not Acceptable)
123	00 S.W. 132ND COURT		18	32 Stree	eet Address (P.O. Bo): Number is Not Acceptable)
MIA	MI FL 33186		1	В3	
			Ļ		
			] 8	B4 City	FL 85 Zip Code
office ( r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was atoms of, Section 607.0505, Fl	authorized I orida Statut	by the corp es.	red composition submits this statement for the purpose of changing its registered proportition's board of directors. I hereby accept the appointment as registered purpose of changing its registered proportion's board of directors. I hereby accept the appointment as registered purpose of changing its registered purpose.
<del></del> -	Signature, typed or printed na ne of registered age	nt and title if applicable. (NOT		gent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD	DELETE	13.	F	Change Addition
NAME	SHAPIRO, JEREMY		1.2 NAM		
İ	ARRAGA COLL ARRANGO COLLECT			EET ADDRESS	292
STREET ADORE 3				-ST-ZIP	35
CITY-ST-ZIP	MIAMI FL 33186 VPD	☐ DELETÉ	2.1 TITL		Change Addition
ì	FLICK, JEFF	2	2.2 NAM		
NAME CIDICET ADDDG 19			P	IL.	
STREET ADDRESS				EET ADDDEOG	ee!
CITY-ST-ZIP	MIAMI FL 33186		ı	EET ADDRESS	ess
	1 61	□ DELETE	2 4 CFT	Y-ST-ZIP	SSS Change Addition
NAME STREET ADDRESS	MARTIN BONALD	☐ DELETE	2 4 CITY 3.1 TITL	Y-ST-ZIP E	
* STREET AUDRESS	MARTIN, RONALD	☐ DELETE	2 4 CITY 3.1 TITLI 3.2 NAM	Y-ST-ZIP E	☐ Change ☐ Addition
	MARTIN, RONALD 12300 SW 132ND COURT	☐ DELETE	2 4 CFT 3.1 TITL 3.2 NAM 3.3 STR	Y-ST-ZIP E ME EET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	MARTIN, RONALD		2 4 CFT 3.1 TITLI 3.2 NAM 3.3 STRI 3.4. CFT	Y-ST-ZIP E IE EET ADDRESS Y-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	MARTIN, RONALD 12300 SW 132ND COURT	☐ DELETE	2 4 CFT 3.1 TITU 3.2 NAM 3.3 STRI 3.4. CFT 4.1 TITU	Y-ST-ZIP E NE EET ADDRESS Y-ST-ZIP E	☐ Change ☐ Addition
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14. Thereby 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 is true and accurate and that my signature shall have the same legal effect as if made uncler oath; that I am an officer or director of the corporation or the receiver or truetee 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, with all other like empowered.

SIGNATURE: SIGNATUFE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR