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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029805 (3)

CAGE ASSOCIATES, INC.

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					INDIA 19181 SAFE BOIDS BITLINES
3977 S.W 143RD PLACE 3977 S.W 143RD PLACE					
MIAMI FL 33175 MIAMI FL 33175				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/02/1997	
2. Principal P	lace of Business	2a. Mailing Address	Still Street	4. FEI Number	Applied For
21 /04/2	NW SGOR STREET	26 /212 //	SGUA JILLET	65-0158974	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Δ	City & State		6. Election Campaign Financing	\$5.00 May Be
23 HI AM		28 MIAMI, 1	A	Trust Fund Contribution	Added to Fees
Zin.	Country	Zip	Country	8. This corporation owes or has paid the	· · · · · · · · · · · · · · · · · · ·
24 3310	20 0.0		30 USA	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
CAMEJO, ARMANDO 81 Name					
1				ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33175					
			84 City		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					
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 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	DELETE	13. 1.1 BILE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE NAME	CAMEJO, ARMANDO		1,2 NAME		E diversity
STREET ADDRESS	3977 S.W 143RD PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	RODRUGUEZ, CARLOS		2.2 NAME		
STREET ADDRESS	16445 COLLINS AVE, #1125		2.3 STREET ADDRESS	1,1	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316	30	2. 4 CITY - ST-ZIP	33:	·
TITLE	VD	DELETE	3.1 TITLE		Change Addition
NAME	FLECHES, ENRIQUE		3.2 NAME		
STREET ADDRESS	16825 NW 83RD COURTE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33016		3,4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AMARO, GERARD		4. 2 NAME		
STREET ADDRESS	975 SW 179 AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		ר"ו הכרכוב			T outside T variable
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CiTY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
1 (6.4 City-ST-ZIP		
14. I hereby o	certify that the information supplied with	this filing does not qualify for		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 sam officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Block 12 or Block 13 if changed, or an attachment with an address. officer or director of the corporation Block 12 or Block 13 if changed, or

VEOUIRED