


**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90036 028 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P97000029805</b> 1. Corporation Name <b>CAGE ASSOCIATES, INC.</b>		

Principal Place of Business  
 7212 NW 56TH ST  
 MIAMI FL 33166  
 US

Mailing Address  
 7212 NW 56TH ST  
 MIAMI FL 33166  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/02/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0758474	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMEJO, ARMANDO 3977 S.W. 143RD PLACE MIAMI FL 33175		81 Name Enrique A. Fleches 82 Street Address (P.O. Box Number is Not Acceptable) 7212 NW 56th St. 83 84 City Miami FL 85 Zip Code 33166	

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 *Enrique A. Fleches* Vice-President 6-14-99  
 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 IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMEJO, ARMANDO	1.2 NAME	Ana M. Soler
STREET ADDRESS	3977 S.W. 143RD PLACE	1.3 STREET ADDRESS	9401 SW 4th St, Apt. #211
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	Miami, FL 33174
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS	2.2 NAME	
STREET ADDRESS	18445 COLLINS AVE, #1125	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	VP/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMARO, GERARD	4.2 NAME	
STREET ADDRESS	975 SW 179 AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	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	

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 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, with all other like empowered.

SIGNATURE: *Enrique A. Fleches*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-1999 305-882-0435  
 Date Daytime Phone #

CR2E034 (11/98)