

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

FILED

**Mar 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000036019 (2)
1. Corporation Name
CASA DE LA CRUZ, INC.



Principal Place of Business 3618 ROGERS AVENUE TAMPA FL 33611	Mailing Address 3618 ROGERS AVENUE TAMPA FL 33611
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22 2a. Mailing Address Suite, Apt. #, etc. City & State Zip
23 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
24 City & State	27 City & State
25 Zip	28 Zip
25 Country	28 Country
29 33616	30 HILLSBOROUGH

3. Date Incorporated or Qualified 04/22/1997	
4. FEI Number 59-3374604	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name CELEDONIO A. DE LA CRUZ	
82 Street Address (P.O. Box Number is Not Acceptable) 4725 OHIO AVE	
83	
84 City TAMPA	85 Zip Code FL 33616

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 **CELEDONIO A. DE LA CRUZ** (NOTE: Registered Agent signature required when reinstating) **3/11/98** DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	DE LA CRUZ, ANTONIO	
STREET ADDRESS	3618 ROGERS AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/>
NAME	DE LA CRUZ, CELEDONIO	
STREET ADDRESS	3618 ROGERS AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/>
NAME	DE LA CRUZ, NORMA	
STREET ADDRESS	3618 ROGERS AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/>
NAME	DE LA CRUZ, YUMIKO	
STREET ADDRESS	3618 ROGERS AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 in an attachment with an address.

SIGNATURE **CELEDONIO A. DE LA CRUZ** **3/11/98** DATE

CR2E034 (10/97)