Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90263 035 ***150.00

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 # P9700042207

1. Corporation Name

CASA CAYO HUESO, INC

ONON O	TO TIBLOO, INC.				
Principal Place of Business Mailing Address					I (Bellebt tie lettt jann oblit dett) betit editt statt bien tint dettt (set jan)
201 FRONT ST. SUITE 310 201 FRONT ST. SUITE 310 KEY WEST FL 33040 KEY WEST FL 33040					
	·.				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 05/13/1997
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0758523 Not Applicable
Suite, Apt. #, etc Suite, Apt.		Suite, Apt. #, etc.	pt. #, etc.		5. Certificate of Status Desired
City & State 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 Intangible
24	25	29 30	0		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
SWIFT, EDWIN O III			81	Name	
201 FRONT ST, SUITE 310			82	Street /	t Address (P.O. Box Number is Not Acceptable)
KEY WEST FL 33040			83		·
			84	City	FL 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 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			nt signature n	Prequired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSD :	D DIRECTORS	13.		Change Addition
TITLE	SWIFT, EDWIN O III				
NAME	201 FRONT ST, SUITE 310	i	1.2 NAME	* * * * * * * * * * * * * * * * * * * *	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	3-ZIP	Change Addition
TITLE	TD .				
NAME	SALINERO, FRED		2.2 NAME	* 40000000	
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			2.4 CITY-5 3.1 TITLE	51-ZIP	☐ Change ☐ Addition
TITLE					
NAME	DIAZ, JOSE M 201 FRONT ST, SUITE 310		3.2 NAME		
STREET ADDRESS	KEY WEST FL 33040		i	T ADDRESS	
CITY-ST-ZIP	NET WEST FL 33040	☐ DELETE	3.4. CITY-5 4.1 TITLE	51-211	Change Addition
			4. 2 NAME		
NAME	·			TADDRESS	
STREET ADDRESS	• • •				
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	1-211	☐ Change ☐ Addition
TITLE	· 		5.2 NAME		
NAME STREET ADORESS				TADORESS	s
STREET ADORESS			5.4 CITY-S		
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	· ·		6.2 NAME	Ì	
STREET ADORESS		}	6.3 STREE	TADDRESS	s

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



4/23/99 (305)292-8950 Daytime Phone #