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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000042493**

1. Corporation Name
CASMAN CORPORATION

Principal Place of Business	Mailing Address
942 SW 9TH STREET MIAMI FL 33130 US	942 SW 9 STREET MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1997

4. FEI Number
65-0793342 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [✓] No

2. Principal Place of Business	2a. Mailing Address
21 5161 S.W. 8 STREET	26 5161 S.W. 8 STREET
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33134 Country 25 U.S.A.	Zip 29 33134 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

CASTELLANOS, JUAN M
942 S.W. 9 STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: CASTELLANOS, JUAN M.
82 Street Address (P.O. Box Number is Not Acceptable): 5161 S.W. 8° STREET
83
84 City: MIAMI FL 85 Zip Code: 33134

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] (Signature of typed or printed name of registered agent and title if applicable) (Date: No blank or invalid date)

12. OFFICERS AND DIRECTORS		
TITLE	PD	[ ] DELETE
NAME	CASTELLANOS, JUAN M	
STREET ADDRESS	942 S.W. 9 STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	SD	[✓] DELETE
NAME	MANDILEGO, GERMAN	
STREET ADDRESS	942 S.W. 9 STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	TP	[✓] DELETE
NAME	CASTELLANOS, JUAN C	
STREET ADDRESS	942 SW 9TH STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	[ ] Change [✓] Addition
12 NAME	CARLOS R. PEREZ	
13 STREET ADDRESS	1320 SW 13 PLACE	
14 CITY-ST-ZIP	MIAMI, FLORIDA 33184	
21 TITLE	SECRETARY, V. PRESIDENT-D	[✓] Change [ ] Addition
22 NAME	JUAN M CASTELLANOS	
23 STREET ADDRESS	942 S.W. 9 ST	
24 CITY-ST-ZIP	MIAMI, FLORIDA 33130	
31 TITLE	JOSE A. PEREZ	[ ] Change [✓] Addition
32 NAME	1320 S.W. 13 PLACE TREASURER	
33 STREET ADDRESS	MIAMI, FLORIDA 33184	
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: [signature] 3-9-99 (305) 775-0182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)