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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000043784 (2)

1. Corporation Name  
CASGON, INC.

Principal Place of Business

6113 N.W. 183RD LANE  
MIAMI LAKES FL 33015

Mailing Address

6113 N.W. 183RD LANE  
MIAMI LAKES FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

65-0780934

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 6175 N.W. 167 STREET

Suite, Apt. #, etc.

22 Suite G-14

City & State

23 MIAMI FLORIDA

Zip

24 33015

Country

25 DADC

2a. Mailing Address

26 6175 N.W. 167 STREET

Suite, Apt. #, etc.

27 Suite G 14

City & State

28 MIAMI FLORIDA

Zip

29 33015

Country

30 DADC

9. Name and Address of Current Registered Agent

CISNEROS, ROY A  
6113 N.W. 183RD LANE  
MIAMI LAKES FL 33015

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME CISNEROS, ROY A  
STREET ADDRESS 6113 N.W. 183RD LANE  
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE VTD ☐ DELETE

NAME CISNEROS, AMELINA  
STREET ADDRESS 6113 N.W. 183RD LANE  
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE ☐ DELETE

NAME ~~CASGON, INC.~~  
STREET ADDRESS ~~6113 N.W. 183RD LANE~~  
CITY-ST-ZIP ~~MIAMI LAKES FL 33015~~

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: *Amelina Cisneros* 4/20/98 (305) 819-2230

CR2E034 (10/97)