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

CORF ANNU	PROFIT ORPORATION INUAL REPORT  1999  FLORIDA DEPARTMENT OF Katherine Harris Secretary of State DIVISION OF CORPORAT		e <b>Harris</b> of State		A.L.				
DOCUMENT # P98000032859						\$0.000 H1 000 St 25			
1. Corporation Name 1 70000032039  CABAJEAL, INC.						i ilan katik			
Principal Place	of Business	Mailing A	<b>i</b> dress		-				
2556 NORTHWEST 7 <sup>TH</sup> STREET 2556 NORTHWEST 7 <sup>TH</sup> STREET MIAMI, FL 33125 MIAMI, FL 33125						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
US US					04/08/1998				
2. Principal Pla	ice of Business	2a. Mailin	Address		4. FEI Numbe	ar .		K-1	plied For t Applicable
Suite, Apt. #	, elc.		Apt. #, etc.		E Continute	of Status Desired		\$8.75 A	
22 City & State		27 City 8	Chate				LJ	Fee Re	
23 CHY & State		28	State		l l	ampaign Financing Contribution		\$5.00 Added to	
Zip 24				Country		ration owes the curr roperty Tax.	rent year li		□No
	9. Name and Address of Cur		gent	81 Name	10. Name and	Address of New I	Registered	I Agent	
	NCHEZ, RICARD			1_1_			·	<del></del>	
	21A NORTHWES	Γ 25 <sup>111</sup> ST	REET	82 Street	fress (P.O. Box Nu	mber is Not Accept	able)		
MI.	AMI, FL 33142			83				,	
	1			84 City			F	85 Zip C	ode
11. Pursuant to office or re- agent. I am	o the provisions of Sactions 007.0 gistered agent, or both in the Str i familiar with, and accept the obt	502 and 607 150 ite of Florida, Suc igations of, Sectio	3, Florida Statutes n change was aut n 607.0505, Florid	, the above-named horized by the corp ja-βtatutes	poration submits the	is statement for the tors. I fiereby acce	purpose o pt the appo	of changing its pintment as reg	registered gistered
SIGNATURE	1 Tincher	1 RI	CARDO C	SANO	12,550	j/	121	8/99	
12.		AND DIRECTOR	o (NOTE TO	13.	ADDITION	CHANGES TO OF	FICERS A	IND DIRECTO	RS IN 12
THE NAME STREET ADDRESS	PD CABALLERO, LEONARI 1330 NORTHWEST 166 <sup>7</sup> MIAMI, FL 33125		[] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	D ABALLERO, LEOI 30 NORTHWEST EMBROKE PINES	166 <sup>th</sup> AVENUE		Change	(1) Additio
CITY-S1-ZIP			DELETE	14 CITY-ST-ZIF				Change	Addition
	V CABALLERO, FLOR	H		2 2 NAME		NARIWA			
STREET ADDRESS	1330 NORTHWEST 166 <sup>T</sup> PEMBROKE PINES, FL 3			23 STREET ADDRESS	ABALLERO, LEO 30 NORTHWEST MAROKE PINES	166 <sup>TH</sup> AVENUE			[] Addition
, ·	PEMBROKE PINES, FI. 3		DELETE	23 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE	30 NORTHWEST MBROKE PINES	166 <sup>TH</sup> AVENUE , FL 33028		[] Change	
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STREET ADDRESS CIN-ST-ZF TYLE NAME STREET ADDRESS	PEMBROKE PINES, F1.3	3028 NY HAVENUE	DELETE	2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADURESS	30 NORTHWEST MBROKE PINES	166 <sup>TH</sup> AVENUE ,FL 33028 02/05	5/99	3 <b>4</b> 39- 01100(	1 Dez
STREET ADDRESS CITY-ST-ZW TYRE LAWE	PEMBROKE PINES, FL 3 S CABALLERO, GIOVANN 1330 NORTHWEST 166 <sup>1</sup> PEMBROKE PINES, FL 3	3028 NY HAVENUE	DELETE	2 4 CITY-ST-ZID 3 1 TITLE 3 2 NAME 3 3 STREET AIMIRESS 3 4 CITY-ST-ZID 4 1 TITLE	30 NORTHWEST MBROKE PINES	166 <sup>TH</sup> AVENUE ,FL 33028 02/05	5/99	3439	1 022 50.00
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4. 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 in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE SHOWS THE SHOW THE STATE OF SIGNAL OF SIGN

1-28-99 305-871-1919