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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P98000065613

1. Corporation Name

Casa Salsa, Inc.

Principal Place of Business

Mailing Address

16249 S.W. 82nd St.
 Miami, FL 33193

16249 S.W. 82nd St.
 Miami, FL 33193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/98

4. FEI Number

65-0862054

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
 Added to Fees

Trust Fund Contribution

 8. This corporation owes the current year intangible Personal
 Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 524 Ocean Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26 524 Ocean Dr.

Suite, Apt. #, etc.

City & State

23 Miami-Beach, FL

Zip

Country

24 33139

City & State

28 Miami-Beach, FL

Zip

Country

29 33139

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Herrera, Esq., Jose M.
 8550 W. Flagler St., Suite 103
 Miami, FL 33144

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P
 NAME Gorbea, Manuel B.
 STREET ADDRESS 16249 S.W. 82nd St.
 CITY - ST - ZIP Miami, FL 33193

11 TITLE D/P/S/T
 12 NAME Benitez-Gorbea, Manuel
 13 STREET ADDRESS
 14 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

21 TITLE Benitez-Gorbea Rafael
 22 NAME Vice President
 23 STREET ADDRESS 1052 ASHWOOD AVE.
 24 CITY - ST - ZIP CONDADO, Puerto Rico 00908

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

31 TITLE Muniz Pedro
 32 NAME Secretary
 33 STREET ADDRESS Suite 125 Call Box 20000
 34 CITY - ST - ZIP Carolina, Puerto Rico 00729

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

41 TITLE Sierra Luis
 42 NAME
 43 STREET ADDRESS Treasure
 44 CITY - ST - ZIP 2nd ST. LOT 13 Metro Office Park

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

51 TITLE Gueyano PRico
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP 00968

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 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)(l), 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:

Manuel Benitez-Gorbea

(305) 604-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #