

0195414

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

FILED  
99 APR 30 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P98000088107  
1. Corporation Name  
CASTILE INVESTMENTS CO.

Principal Place of Business: 343 ALMERIA AVENUE, CORAL GABLES FL 33134  
Mailing Address: 343 ALMERIA AVENUE, CORAL GABLES FL 33134

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1998

4. FEI Number:  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

8. This corporation owes the current year Intangible Personal Property Tax:  Yes,  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name: Spiegel & Utrera, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue  
83  
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.548, 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 the provisions of Sections 607.0502 and 607.548, Florida Statutes.

SIGNATURE By: *Natalia Utrera*  
Signature, typed or printed name of signing officer or director: Natalia Utrera, Vice-President

4/28/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Sanchez, Elsie	
STREET ADDRESS	343 Almeria Avenue	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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-05/07/99-01155-012  
\*\*\*\*150.00 \*\*\*\*150.00

*7/5/99*  
*4/30/99*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0) 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 in an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

CR2E034 (11/98)