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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # V22[illegible]761

1. Corporation Name

CASON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1035 N.E. 125th Street North Miami, Fl. 33161 Suite 205	1035 N.E. 125th Street North Miami, Fl. 33161 Suite 205

3. Date Incorporated or Qualified: 03/20/92
3a. Date of Last Report: 1996

2. Principal Place of Business	2a. Mailing Address
21 1035 N.E. 125th Street	26 1035 N.E. 125th Street
Suite, Apt. #, etc. 22 Suite 205	Suite, Apt. #, etc. 27 Suite 205
City & State 23 North Miami, Florida	City & State 28 North Miami, Florida
Zip: 24 33161 / Country: 25 USA	Zip: 29 33161 / Country: 30 USA

4. FEI Number: 65-0321297 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Larry Winson, Esquire 1401 Brickell Avenue, Ste 700 Miami, Florida 33131	81 Name: Lawrence D. Winson, Esquire 82 Street Address (P.O. Box Number is Not Acceptable): Hornsby, Sacher, Zelman, Stanton, et al. 83 1401 Brickell Avenue, Suite 700 84 City: Miami, FL 85 Zip Code: 33131

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: Lawrence D. Winson — 5/21/97
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/T ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CASON, RICHARD F.	1.2 NAME	
STREET ADDRESS	2975 N.E. 190TH STREET #103	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	200002217452
STREET ADDRESS		6.3 STREET ADDRESS	-06/19/97--01092--025
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

14. I do 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: RICHARD F. CASON — 04/30/97 — 305-759-8900