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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V52465

(4)

CASA HOLDINGS INC.

**FILED** May 20 1998 8:00am Secretary of State

Principal Plac	e of Business				.0816 81016 01118 11911 81018 9116	OIII OHOII OH				
701 BRICKELL AVE #3150 701 BIRCKELL AV 711 THIRD AVENUE. 19TH FLOOR 711 THIRD AVENUE.						DO NOT WO!	TE IN TUIC	CDACE		
MIAMI FL 33131 MIAMI FL 33131 US US					3 Date	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified				
•		00				/15/1992	•			
2. Principal Place of Business		2a. Mailing Address				Number		Ap	plied For	1
21		26			6	5-0348275		No	t Applicable	,
Suite, Apt. #, etc.		Suite, Apt. #, etc.				lificate of Status Desired		<b>\$8.75</b> A Fee Re		
City & State 23		City & State				ction Campaign Financing st Fund Contribution		\$5.00 Added to		
Zip	Country	Zip	Zip Country		8, This	corporation owes or has p			_ ~	7
24	25 29 9, Name and Address of Current Registered Agent		30	)		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
				B1 Name		ne and Address of New F	legistered	Agent		-
	PRENTICE-HALL CORPORATION	N SYSTEM INC.		Name	Esther	.F. Ridenty	sur			
1201 HAYS STREET Suite 105				Street		Box Number is Not Accept		C . TH	2:15	]
	LAHASSEE FL 32301		-	B3	NO I DE	ickell Aren	<u></u>	يتلسك	9190	1
				B4 City	Oliona i		FL	85 Zip C	Code	1
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the ab	ove-named	corporation sub	omits this statement for the		of changing its	registered	┨
office or re	e <b>gist</b> ered agent, or both, in the State c <b>m familiar</b> with, and accept the obligat	of Florida, Such change was	authorized	by the cor	poration's board	of directors. I hereby acc	ept the ap	pointment as r	registered	
SIGNATURE	0.46.11 dia.	60000	onera otate			3.	6.9	7		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO)	F: Registered	Agent signature	required when reinsta		DATE			٤
12.	OFFICERS AND		13.			TIONS/CHANGES TO OFF	ICERS AN			٤
TATLE	P/T	[_] DELETE	1.1 101		Secret	" A ' L '		Change	Addition	1
NAME				Aξ	Seme	Ridenhour Lickell Are 5	te. 315	70		3
STREET ADDRESS	777 211121 71121 71121			EE1 ADDRESS	1					Ų
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J	S MACKAY MICHAEI	CT DEFEIR			1			□ Change	L Addition	1
STREET ADDRESS			2.2 NAM							İ
CITY-ST-ZIP	NEW YORK NY			EET ADORESS Y-ST-ZIP		:				
TITLE	THE TOTAL THE	DELETE	3.1 7171					Change	Addition	┨
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CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	ĺ					
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NAME			4.2 NA	ME						
STREET ADDRESS			4.3 STR	EET ADDRESS						
CITY-ST-ZIP			4.4 CIT	/- ST - ZIP						
TITLE		☐ DELETE	5.1 TITL	E	]			Change	Addition	
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STREET ADDRESS			5.3 STR	EET ADDRESS	ļ					
CITY-\$T-ZIP				(-ST-ZIP						1
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NAME			6.2 NAN	<b>N</b> E						
STREET ADDRESS			6.3 STR	EET ADDRESS		•				
CITY-ST-ZIP		<u>-</u>	6.4 CIT	- 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 armual 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.