

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90029 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P95000016709**

1. Corporation Name
CARFEEL PROPS, INC.



Principal Place of Business
 5220 N.W. 72ND AVE., UNIT 25
 MIAMI FL 33166

Mailing Address
 5220 N.W. 72ND AVE., UNIT 25
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
02/24/1995

4. FEI Number
65-0580273

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
KOLSKI, JR STEPHEN J
CATLIN, SAXON, TUTTLE AND EVANS, PA
169 EAST FLAGLER STREET
MIAMI FL 33131

10. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE FLORIO, MARIA C	1.2 NAME	DE FLORIO MARIA C
STREET ADDRESS	5220 N.W. 72ND AVE., UNIT 25	1.3 STREET ADDRESS	5220 NW 72ND AVE., UNIT#25
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33166
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	UPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PIOVESAN, MARIA T	2.2 NAME	DE PIOVESAN, MARIA T
STREET ADDRESS	5220 N.W. 72ND AVE., UNIT 25	2.3 STREET ADDRESS	5220 NW 72ND AVE., UNIT#25
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33166
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE HIDALGO, ROSANA V	3.2 NAME	DE HIDALGO, ROSSANA V
STREET ADDRESS	5220 N.W. 72ND AVE., UNIT 25	3.3 STREET ADDRESS	5220 NW 72ND AVE., UNIT#25
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33166
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUBAKER, JACQUELINE	4.2 NAME	BRUBAKER, JACQUELINE
STREET ADDRESS	5220 NW 72ND AVENUE, UNIT 25	4.3 STREET ADDRESS	5220 NW 72ND AVE., UNIT#25
CITY-ST-ZIP	MIAMI FL 33166	4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33166
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a holder like empowered.

SIGNATURE: *[Signature]* **4/22/99** (305)593-0669
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)