## 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 # P97000011091 (0)

## FILED Feb 06 1998 8:00am Secretary of State

CARPE	EL INTERNATIONAL, INC.					
Principal Place of Business Mailing Address  367 SW 163RD AVE.  PEMBROKE PINE FL 33027 PEMBROKE PINE FL 33027			027		DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified 02/04/1997	5 SPACE
2. Principal Pi	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21	26				65-0770877	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28]			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the o	current year Intangible
24	25 9. Name and Address of Current	29] Registered Agent	30]	·	Personal Property Tax due June 30.  10. Name and Address of New Registers	
DE	LAEZ, MANUEL	Tiogration Figure	E	1 Name	10. Hallo Bilo Madross of troy Hogistello	o rigon
367 SW 163RD AVE. PEMBROKE PINE FL 33027				32 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			6	34 City	F	85 Zip Code
11. Pursuant to office or reagent. La	to the provisions of Sections 607.0502 egistered egent, or both, in the State of m familiar with, and accept the obligate	and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fl	tes, the abo authorized orida Statu	ove-named co by the corpor tes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
SIGNATURE						
	Signature, typed or printed name of registered agon OFFICERS AND			Agent signature req	Pried when reinstaling) DATE	UD DIDECTORS IN 40
12.	DV OI FICE HS AND	DELETE	13. 1.1 108	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	PELAEZ, MANUEL		1.2 NAV			
STREET ADDRESS	367 SW 163RD AVE.		1	EF1 ADDRESS		(3
CITY-ST-ZIP	DEMODALE DINE EL 22027		1	'-ST-ZIP		
TITLE	DP DELETE 2		2.1 TILL			☐ Change ☐ Addition
NAME			2.2 NAM	l£		
STREET ADDRESS	367 SW 163RD AVE.		2.3 STRE	EET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINE FL 33027		2. 4 CITY	Y-ST-ZIP		
TITLE	DST	DELETE	3.1 TITLE	E .		☐ Change ☐ Addition
NAME	PELAEZ, LUZ		3.2 NAM	1E ]		
STREET ADDRESS	387 SW 163RD AVE.		3.3 STRE	ET ADORESS		
CITY-ST-ZIP	PEMBROKE PINE FL 33027		3.4. CITY	r · ST - ZIP		
TITLE		☐ DELETE	4.1 TITL1			Change Addition
NAME			4. 2 NAN	AE		
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP		T prieve		-\$1-2IP	`	
TITLE		☐ DEL€TE	5.1 TIX			Change Addition
NAME			5.21			
STREET ADDRESS			5.3	I ADDRESS		
CITY-ST-ZIP		DELETE	5.4	1 - ZIP		☐ Change ☐ Addition
TITLE		M ACTEU	6.1 6.2			CHI OHBING
NAME OTOEET ANDRESS				Annesce		
STREET ADDRESS			6.3	ADDRESS		

14. 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 another 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: X LAUNCED &

Mauricio Pelaez

1-954-704-1480