## 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

## DOCUMENT # P98000105153

1. Corporation Name

CARRAL'S	s at dec	CO PLAGE, INC.									
Principal Plac	e of Busines	s	Mailing A	ddress					- 1 1681/1085 118 18185 18111 88115 88151 881	(B) (1881) BB191 B1181 1188	
40 SEVILLA AVE. CORAL GABLES FL 33134  340 SEVILLA AVE. CORAL GABLES FL 33134									DO NOT WRITE	IN THIS SPACE	
									3. Date Incorporated or Qualifed		
									12/18/1998		
2. Principal P	Place of Busin	ness	2a. Mailin	2a. Mailing Address					4 EEI Number		Applied For
21			26	26					65-0882619		Not Applicable
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional Required
City & Stat	te		City &	City & State					6. Election Campaign Financing	<b>\$5.0</b>	0 May Be
23			28	28					Trust Fund Contribution	Adde	d to Fees
Zip Country			Zip	Zip Cour			Country		8. This corporation owes the current		
24		25	29		30				Personal Property Tax.	X Yes	□No
	9. Name	and Address of Curren	t Registered A	\gent		81	Name		10. Name and Address of New Reg	istered Agent	
DIED	A INSE A					"	Maili	-			
RIERA, JOSE A 340 SEVILLA AVE.						82 Street Addr			ss (P.O. Box Number is Not Acceptable	•)	
CORAL GABLES FL 33134						83					
COUNT WIDELD I E WITH											
						84	City		FL 85 Zip Code		p Code
office or r	registered ac	sions of Sections 607.050 jent, or both, in the State ith, and accept the obliga	of Florida, Suci	h change was :	authorized	ı by '	tne cor	d corpo poratior	ration submits this statement for the pur i's board of directors. I hereby accept the	rpose of changing and appointment as	its registered registered
SIGNATURE	Claratura hann	or printed name of registered ager	nt and title if annlicah	le (NOT	F. Registered	Agen	t signatur	e required	when reinstating)	DATE	
12.	Signature, types	···	ID DIRECTORS	· · · · · · · · · · · · · · · · · · ·					ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	PD			DELETE	1.1 TI	TLE				Chang	
NAME	1	antonio l			1.2 N/	AME					
STREET ADDRESS	l					TREET	EET ADDRESS				
CITY-ST-ZIP	CORAL G	ABLES FL 33134			1.4 CI	TY-\$1	r-ZIP				
TITLE				DELETE	2.1 TI	TLE				Chang	e Addition
NAME					2.2 N	AME					\$
STREET ADDRESS	ş				2.3 \$7	REET	ADDRES	s -			
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NAME					3.2 N						
STREET ADDRESS				•			ADDRES	s			
CITY-ST-ZIP				☐ DELETE	3.4. C	ITY-S	T-ZIP			[T] Chang	e Addition
TITLE					4.1 N					و_	,- 🖵
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STREET ADDRESS	<u>'</u>				9	TY-81		1			ļ
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NAME	}				5.2 N			-			
STREET ADDRESS	<u>,</u>				5.3 S	TREET	ADORES	s			
CITY-ST-ZIP	}				5.4 C	ITY-\$1	T-ZIP				
TITLE	1	=		☐ DELETE	6.1 TI	TLE				[] Chang	e Addition
NAME					6.2 N	AME					
STREET ADDRESS					6.3 S	TREET	ADDRES	s			

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 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 afformation to the receiver of the corporation of the corporation of the receiver or trustee empowered.

SIGNATURE: Antonio I Carral R SIGNING OFFICE PR DIRECTOR

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90132 013 \*\*\*150.00