

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
 AND
 FILED

102

0030531

PROFIT CORPORATION ANNUAL REPORT 1998



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

98 OCT -8 AM 11:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000004403 (7)
 1. Corporation Name

CARNOTEL, INC.



Principal Place of Business: 14611 SABAL DRIVE MIAMI LAKES FL 33014-2546
 Mailing Address: 14611 SABAL DRIVE MIAMI LAKES FL 33014-2546

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1996
 4. FEI Number: 65-0639407
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [X] No

2. Principal Place of Business: 21 230 Westward Drive, Suite, Apt. #, etc. 22 Miami Springs, FL 33166 USA
 2a. Mailing Address: 26 230 Westward Drive, Suite, Apt. #, etc. 27 Miami Springs, FL 33166 USA
 23 33166 USA 29 33166 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERIO, MARK V
 44 W. FLAGLER STREET
 SUITE 2450/COURTHOUSE TOWER
 MIAMI FL 33130

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRIDMAN, ARNOLD	
STREET ADDRESS	14611 SABAL DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014-2546	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DP
2.3 STREET ADDRESS	FERNANDEZ-GUZMAN, CARLOS
2.4 CITY-ST-ZIP	230 WESTWARD DRIVE MIAMI SPRINGS, FL 33166
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D/VP/S
3.3 STREET ADDRESS	VALDES-FERNANDEZ, MARIA
3.4 CITY-ST-ZIP	230 WESTWARD DRIVE MIAMI SPRINGS, FL 33166
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D/V/T
4.3 STREET ADDRESS	WEINSTEIN, DOROTHY O.
4.4 CITY-ST-ZIP	230 WESTWARD DRIVE MIAMI SPRINGS, FL 33166
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	500002666025011
5.4 CITY-ST-ZIP	-10/16/98-0012-011
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***150.00
6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE: Maria E. Valdes-Fernandez 305-805

CR2E034 (5/98)

2052



Maria Elena Fernandez
VICE PRESIDENT

September 18, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #P96000004403 (7)
FEI #65-0639407

Dear Sir or Madam:

We sincerely regret the delay in payment of the Profit Corporation Annual Report fee of \$150.00. Unfortunately, Mr. Arnold Friedman has passed away. The original and second notice for the annual report was sent to his home address. We were just made of aware of this report and filing fee. We have made the necessary deletion, change of address and additions to the officers and directors as required.

Enclosed is our check #2427 in the amount of \$150.00. We hope you will be understanding of our difficult position and reconsider the \$400.00 late fee.

Thank you for your consideration.

Sincerely,

/mef
Enclsoures

230 Westward Drive
Miami Springs, Florida 33166
Telephone 305.883.4600 • Facsimile 305.883.4626

