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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P03303

1. Corporation Name

CARLOS & PEPES CORPORATION

Principal Place	of Business	, Mailing Address]		
1302 SE 17TH ST.		1302 SE 17TH ST.					
FT. LAUDERDALE FL 33316		FT. LAUDERDALE FL 33316		DO NOT WRITE IN THIS SPACE			
						IN THIS SPACE	
	•				3. Date Incorporated or Qualifed		
`	`				09/07/1984		
2. Principal Pl	lace of Business .	2a. Mailing Address			4. FEI Number	├	Applied For
21 26		26	26		95-3174574		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional
22		27		3. Certificate of Status Session	- Fee	Required	
City & State		City & State		6. Election Campaign Financing	□ \$5.0	0 May Be	
23		28		Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Coun	try .	8. This corporation owes the curren	it year Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
,	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
	THE STATE OF THE S		1	Name			
ALDERMAN, DAVID			-	20 04	dans (D.O. Bay Number is Not Assentable	<u> </u>	
1302	2 S.E. 17TH ST.			Street Add	treet Address (P.O. Box Number is Not Acceptable)		
FT. L	LAUDERDALE FL 33316		ļ,	33		, 31 . 31 . 31 . 31 . 53	1 e 1 2 2 2 2 2 e
			Ĺ				
	•		1	B4 City		FL 85 Zi	p Code
44 Directions	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the ab	ove-named co	rporation submits this statement for the pu	urpose of changing	its registered
office or n	registered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was au	itnorizea	by the corpora	tion's board of directors. I hereby accept	the appointment as	registered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			<u> </u>	gent signature requi	red when reinstating)	DATE	
	255,255,411						
12.	OFFICERS AND	D DIRECTORS	13.	··	ADDITIONS/CHANGES TO OFFIC		
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CITY-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 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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90077 013 ***150.00