**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90001 009 \*\*\*550.00

DOCUMENT	#	400007
I. Corporation Name	••	489397

CARMENATE, INC.

<u> </u>	<u>_</u> ,					
Principal Place	of Business	Mailing Address			L INRITE MINUS IN INC. INC. IN INC. I	LIBIT ATAIL BIRIT ATAIL ATAIL IRAL
7300 NW 27TH AVE 7300 NW 27TH AVE MIAMI FL 33142 US US			DO NOT WRITE IN THIS	SPACE		
00					Date Incorporated or Qualified     11/12/1975	
2 Driveinal Di	and of Pusiness	2n Mailing Address		<del></del>	4. FEI Number	Applied For
	ace of Business	2a. Mailing Address		59-1656525	Not Applicable	
Suite, Apt.	# etc	Suite, Apt, #, etc.			\$8.75 Additional	
22	, 0.0.	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	Zíp Country		8. This corporation owes the current year	
24	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent
i.	TANA MOEL	• 4		81 Name		
1 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAN	AI FL 33142			83	141111111111111111111111111111111111111	, , , , , ,
				84 City	FL COLD BY FL	85 Zip Code
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a ations of, section 607.0505, Fk	orida Stat	I by the corporation		Intment as registered
12.	OFFICERS AN	ND DIRECTORS /	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	VP	<b>DOELETE</b>	1.1 TIT	LE		D DIRECTORS IN 12  Change Addition
NAME	Carmenate, adelaido	/	1.2 NA	ME		7.5
STREET ADDRESS	2464 NW 11TH ST		1.3 STI	REET ADDRESS		C
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CI1	Y-ST-ZIP		<u></u> 5
TITLE	P	DELETE	2.1 TIT	i		Change Addition
NAME	QUINTANA, NOEL		2.2 NA	ME )		
STREET ADDRESS	7300 NW 27TH AVE			REET ADDRESS		
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP		
TITLE		DELETE	3.1 TIT			Change Addition
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			4.1 TIT	Y-ST-ZIP		Change Addition
TITLE	1	DELETE	4.3 HI			Change Addition
NAME				REET ADDRESS		
STREET ADDRESS		•	ľ	Y-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 Til			Change Addition
NAME		☐ bereie	5.2 NA	ı		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			1	Y-ST-ZIP		
TITLE		DELETE	6.1 TIT			Change Addition
NAME			6.2 NA	\ \		
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP				ry-st-zip		
	ertify that the information supplied with	h this filing does not qualify for t			tion 119.07(3)(i), Florida Statutes. I further certify	that the information

indicated on this annual report or supplied with this litting does not quality for the exemption stated in section 1.19.07(3)(1), Florida Statutes. From the certify that the information indicated on this annual report or suppliemental 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 opposition that my name appears in Block 12 or Block 13 if changed, or opposition that my name appears in Block 12 or Block 13 if changed, or opposition the receiver of the corporation of the corporation

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #