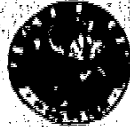


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3: 49

DOCUMENT # 574222

(6)

1. Corporation Name

CARVAJAL BROTHERS, INC.

Principal Place of Business

**251 ROYAL PALM WAY
POB 2715 C/O MENDOZA, CALLAS & SCHILLING
PALM BEACH FLORIDA 33480**

Mailing Address

**251 ROYAL PALM WAY
POB 2715 C/O MENDOZA, CALLAS & SCHILLING
PALM BEACH FLORIDA 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/18/1978

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1819539

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, 6TH FLOOR
PALM BEACH FL 33480-1310**

10. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AS
DE MENDOZA W, MARIO G
251 ROYAL PALM WAY
PALM BEACH, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
CARVAJAL, PEDRO
251 ROYAL PALM WAY,
PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
CARVAJAL, ROGELIO
251 ROYAL PALM WAY
PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TSD
CARVAJAL, PATRICIO L
251 ROYAL PALM WAY
PALM BEACH, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

(x) Pedro Carvajal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pedro Carvajal, President

(x) 2/10/95 (407) 832-7438
Date (Daytime Filing #)