

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/18/1978

3a. Date of Last Report

02/28/1995

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. 193.032,
Florida Statutes

☒

Yes ☐ No

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 (under oath) of the registered agent (if not applicable)

(NOTE: Registered Agent's signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	☐ DELETE
NAME	DE MENDOZA III, MARIO G	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-STATE-ZIP	PALM BEACH, FL 00000	
TITLE	PD	☐ DELETE
NAME	CARVAJAL, PEDRO	
STREET ADDRESS	251 ROYAL PALM WAY,	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE	VD	☐ DELETE
NAME	CARVAJAL, ROGELIO	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE	TSD	☐ DELETE
NAME	CARVAJAL, PATRICIO L	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-STATE-ZIP	PALM BEACH, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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) *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(x) 3-7-96 407/832-7438

DATE

Daytime Phone #

CR2E034 (12/95)