

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90086 033 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F48630
 1. Corporation Name
LA CARRETA NO. II, INC.

| | |
|---|---|
| Principal Place of Business 700 SW 36 AVE. MIAMI FL 33135 | Mailing Address 700 SW 36 AVE. MIAMI FL 33135 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | |
|---|--|--|--------------------------------|--|
| 2. Principal Place of Business 21 3663 S.W. 8th Street | 2a. Mailing Address 26 3663 S.W. 8th Street | 3. Date Incorporated or Qualified 10/12/1981 | 4. FEI Number 59-2136809 | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. Third Floor | 27 Suite, Apt. #, etc. Third Floor | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 23 City & State MIA FL | 28 City & State MIA FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 24 Zip 33135 | 25 Country USA | 29 Zip 33135 | 30 Country USA | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

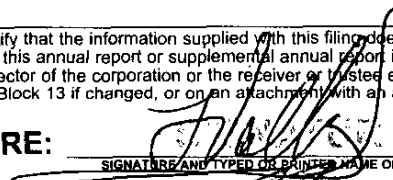
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|--|--|---|--------------------------------|--|
| 9. Name and Address of Current Registered Agent VALLS, FELIPE A. 700 SW 36 AVE. MIAMI FL 33135 | | 10. Name and Address of New Registered Agent | | |
| | | 81 Name VALLS, FELIPE A. | | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 3663 S.W. 8th Street Third Floor | | |
| | | 83 | | |
| | | 84 City MIAMI | 85 Zip Code FL 33135 | |

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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALLS, FELIPEA A SR. | 1.2 NAME | VALLS, FELIPE A. SR. |
| STREET ADDRESS | 700 SW 36 AVE. | 1.3 STREET ADDRESS | 3663 S.W. 8th Street Third Floor |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | Miami, FL 33135 |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALLS, FELIPEA A. JR. | 2.2 NAME | VALLS, FELIPE A. JR. |
| STREET ADDRESS | 700 S.W. 36 AVE. | 2.3 STREET ADDRESS | 3663 S.W. 8th Street Third Floor |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | MIAMI, FL 33135 |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERALES, JOAQUIN | 3.2 NAME | PERALES, JOAQUIN |
| STREET ADDRESS | 700 SW 36TH AVENUE | 3.3 STREET ADDRESS | 3663 S.W. 8th Street Third Floor |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | Miami, FL 33135 |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERNANDEZ, ELOY | 4.2 NAME | HERNANDEZ, ELOY |
| STREET ADDRESS | 700 S W 36TH AVE | 4.3 STREET ADDRESS | 3663 S.W. 8th Street Third Floor |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | Miami, FL 33135 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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.

SIGNATURE:  SECRETARY, FELIPE A. VALLS 2/1/99 (305) 446 4916
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)