Applied For Not Applicable \$8.75 Additional

□ No

Fee Required \$5.00 May Be Added to Fees

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F95000005859

1. Corporation Name CARTAMEX, INC.								
Principal Place of Business	Mailing Address				-{ 			
3466 17TH ST SARASOTA FL 34235 US	3466 17TH ST SARASOTA FL 34235 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
D. D. L. of Physics of Products	2a. Mailing Address	<del></del>			12/01/1995 4. FEI Number			
2. Principal Place of Business	26 26				36-3446906			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State	City & State				6. Election Campaign Financing 55			
23	28				Trust Fund Contribution Ad			
Zip Country	Zip 29	Coun	itry		8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Currer		1001			10. Name and Address of New Registered Agent			
			81	Name	•			
HERNANDEZ, HUGO 3466 17TH ST			82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34235			83					
		<u> </u>	84	City	FL 85			
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	of Florida, Such change.wa	is authorized	DV (	-named corpo he corporatio	oration submits this statement for the purpose of changir n's board of directors≂Lhereby, accept the appointment			
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered /	gent	signature required	when reinstating) DATE			

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

04-02-1999 90064 040 \*\*\*150.00



3466 17TH ST SARASOTA FL 34235			82	Street Addr			
			83				
			84	City		FL 85 Zip C	
office or re	to the provisions of Sections 607.0502 and 60 egistered agent, or both, in the State of Florida in familiar with, and accept the obligations of,	Such change was auti	horized by	the comoratio	oration submits this statement for the purpopi's board of directors in hereby, accept the	ose of changing its i a appointment as rec	registered gistered _ = ~ >
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable /NOTE: R	enistered Anen	t signature require	od when reinstating)	DATE	\
			13.	it organication rodgens	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME	HERNANDEZ, HUGO		1.2 NAME				
STREET ADDRESS	3466 17TH ST		1.3 STREET	ADDRESS			Į
CITY-ST-ZIP	SARASOTA FL		1.4 CITY- 8	T-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	ALMAZAN, ARMANDO		2.2 NAME				
STREET ADDRESS	3743 WEST 26TH STREET		2.3 STREET	ADDRESS			1
CITY-ST-ZIP	CHICAGO IL 60623		2. 4 CITY-S	IT-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME -			32 NAME				
STREET ADDRESS			3.3 STREET	FADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE	•	☐ DELETE	4.1 TITLE	Ì		☐ Change	☐ Addition
NAME	•		4. 2 NAME				
STREET ADORESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			3
TITLE		☐ DELETE	5.1 TITLE	Ì		☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	T ADDRESS			-
CITY-ST-ZIP			5.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				ĺ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-S		Carting 440.07/23/6) Elegido Statuta I fund	has costify that the in	nformation
14. I hereby of	ertify that the information supplied with this fil	ng does not quality for t	ne exempti	ion stated in S	Section 119.07(3)(i), Florida Statutes, I turi	de ueder eath; that i	am an

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:**