

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K30176 (7)
1. Corporation Name
CARRILLO INTERNET SERVICES, INC.

Principal Place of Business
% LOUIS CARRILLO
17801 SW 46TH ST.
FORT LAUDERDALE FL 33331

Mailing Address
PO BOX 2466
17801 SW 46TH ST.
UMATILLA FL 32784
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 541 N. Umatilla Blvd Suite, Apt. #, etc. 22 City & State Umatilla, FL Zip 32784 Country USA		2a. Mailing Address 26 PO BOX 2466 Suite, Apt. #, etc. 27 City & State Umatilla, FL Zip 32784 Country USA		3. Date Incorporated or Qualified 08/04/1988	
4. FEI Number 65-0067893		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRILLO, LOUIS
17801 SW 46TH ST.
FORT LAUDERDALE FL 33331
541 N. Umatilla Blvd
Umatilla, FL 32784

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRILLO, LOUIS R.	1.2 NAME	
STREET ADDRESS	17801 SW 46TH STREET	1.3 STREET ADDRESS	541 N. Umatilla Blvd.
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Umatilla, FL 32784
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRILLO, KATHLEEN	2.2 NAME	
STREET ADDRESS	17801 S.W. 46TH STREET	2.3 STREET ADDRESS	541 N. Umatilla Blvd
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Umatilla, FL 32784
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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.

SIGNATURE: *Kathleen Carrillo* 4/13/98 (352) 119-4279

CR2E034 (10/97)