

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

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STATE OF FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53513

1. Corporation Name
CARDEL FIRE PROTECTION, INC.

Principal Place of Business
4237 SW 75TH AVE
MIAMI FL 33155

Mailing Address
4237 SW 75TH AVE
MIAMI FL 33155

6/22/99 90003 029 \$150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9680 S.W. 34 St.
Suite, Apt. #, etc.
Miami, Florida
City & State
331
Zip
33165
Country
25 Dade

2a. Mailing Address
9680 S.W. 34 St.
Suite, Apt. #, etc.
Miami, Florida
City & State
28
Zip
33165
Country
30 Dade

3. Date Incorporated or Qualified
12/23/1988

4. FEI Number
65-0157963

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CARBALLO, DELIA R.
4237 SW 75TH AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBALLO, JORGE R.	1.2 NAME	
STREET ADDRESS	9680 SW 34 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBALLO, JORGE V.	2.2 NAME	400002563734
STREET ADDRESS	9680 SW 34 ST	2.3 STREET ADDRESS	-08/19/99--01012--004
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	****400.00 ****400.0
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBALLO, DELIA R.	3.2 NAME	
STREET ADDRESS	9680 SW 34 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANON, IDANIA G.	4.2 NAME	
STREET ADDRESS	9680 SW 34 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBALLO, LILIANA Y.	5.2 NAME	
STREET ADDRESS	9680 SW 34 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

SIGNATURE: Delia R. Carballo DATE: 05/01/99 PHONE: (305) 212-5664

CR2E034 (1/98)

KE