## 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 # K82184

	& SONS INC.			) 185151H 381 (31)5 (1651 H89) (8H BIS)	81811 61811 81811 81811 81811 81811 1881
Principa	l Place of Business	Mailing Address			##
	E CARVAJAL	% JORGE CARVAJAL			
4501 SW 94 AVE 4501 SW 94 AVE		DO NOT WIDITE IN THIS SPACE		THE COACE	
MIAMI FL 33165 MIAMI FL 33165			DO NOT WRITE IN THIS SPACE		
				<ol> <li>Date Incorporated or Qualified</li> <li>04/20/1989</li> </ol>	
2 Princ	ipal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	ipar r lace or additions	26		65-0301290	Not Applicable
	, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
	& State	City & State	-	. 6. Election Campaign Financing	\$5.00 мау Вө
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	ar Intangible ☐ Yes ☐ No
	9. Name and Address	of Current Registered Agent		10. Name and Address of New Registe	ered Agent
	CADVATAL TODGE SD		81 Name		
4 ,* 2 3	CARVAJAL, JORGE, SR. 4501 SW 94 AVE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
1	MIAMI FL 33165		0.0	3 00 37 20 20 00 00 00 00 00 00 00 00 00 00 00	\$18.0 4 50 8 2 10 10 10 10 10 10 10 10 10 10 10 10 10
	MINIMI I E GO 100		83		
			84 City	Fire to graduate graduation	85 Zip Code
			0-7   City		
44) 1200	august to the provision of Saction	ns 604 0502 and 607 1508. Elorida Statute	' '	rooration submits this statement for the nurnor	se of changing its registered
11. Pur	suant to the provisions of Sections or registered agent, or both, in	ns 607,0502 and 607,1508, Florida Statute	' '	rporation submits this statement for the purporation's board of directors. I hereby accept the a	se of changing its registered appointment as registered
ŧ	1/11/	· / ///	s, the above-named conthorized by the corporated Statutes.	propriation submits this statement for the purposition's board of directors. I hereby accept the a	se of changing its registered appointment as registered
11. Pur offic age SIGNAT	TURE XOLL	· / ///	' '	/ _ /	se of changing its registered appointment as registered
ŧ	Signature typed of printed name of OFF	registred agent and title if applicable. (NOTE: FICERS AND DIRECTORS	s, the above-named conthorized by the corporated Statutes.	/ _ /	RS AND DIRECTORS IN 12
SIGNAT	Signature Apped of printed name of OFF	registred agent and title if applicable. (NOTE: FICERS AND DIRECTORS	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature requirements.	ired when reinstating)	<u> </u>
SIGNAT	Signature Apped of printed name of OFF DP CARVAJAL, JORGE,	registred agent and title if applicable. (NOTE: FICERS AND DIRECTORS	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
SIGNAT	OFF  ORESS  ORES  O	registred agent and title if applicable. (NOTE: FICERS AND DIRECTORS	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required to the signature required	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
SIGNAT  12.  TITLE  NAME  STREET AC  CITY-ST-Z	OFF  ORESS P  Signature Apped of printed name of OFF  OFF  CARVAJAL, JORGE, S  4501 SW 94 AVE  MIAMI FL	registred agent and the il applicable. (NOTE: E FICERS AND DIRECTORS  DELETE  SR.	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required in the signature required	ADDITIONS/CHANGES TO OFFICER	TE AND DIRECTORS IN 12  Change Addition
12. TITLE NAME STREET AD	OFF  ORESS P  Signature Apped of printed name of OFF  CARVAJAL, JORGE, S  4501 SW 94 AVE  MIAMI FL  DV	registred agent and title if applicable. (NOTE: FICERS AND DIRECTORS	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required in the signature required	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
SIGNAT  12.  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  NAME	OFF  ORESS P  DV  CARVAJAL, JORGE, S  4501 SW 94 AVE  MIAMI FL  DV  CARVAJAL, MARTA	registred agent and the il applicable. (NOTE: E FICERS AND DIRECTORS  DELETE  SR.	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required in the statutes.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICER	TE AND DIRECTORS IN 12  Change Addition
SIGNAT  12.  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE  NAME  STREET AC	OFF  OFF  CARVAJAL, JORGE, S  ORESS 4501 SW 94 AVE  MIAMI FL  DV  CARVAJAL, MARTA  4501 SW 94 AVE	registred agent and the il applicable. (NOTE: E FICERS AND DIRECTORS  DELETE  SR.	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required in the second statutes.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	TE AND DIRECTORS IN 12  Change Addition
SIGNAT  12.  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE  NAME  STREET AC  CITY-ST-Z	OFF  OFF  CARVAJAL, JORGE, STATE OF STA	registred agent and the fi applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required in the statutes.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition Change Addition
SIGNAT  12.  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE	OFF  OFF  CARVAJAL, JORGE, S  ORESS 4501 SW 94 AVE  MIAMI FL  DV  CARVAJAL, MARTA  4501 SW 94 AVE	registred agent and the il applicable. (NOTE: E FICERS AND DIRECTORS  DELETE  SR.	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required in the signature required	ADDITIONS/CHANGES TO OFFICER	TE AND DIRECTORS IN 12  Change Addition
SIGNAT  12.  TITLE  NAME  STREET AL  CITY-ST-Z  TITLE  NAME  STREET AL  CITY-ST-Z  TITLE  NAME	OFF  OFF  CARVAJAL, JORGE, STATES  ORESS P  MIAMI FL  ORESS ORESS P  CARVAJAL, MARTA  4501 SW 94 AVE  MIAMI FL	registred agent and the fi applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required in the statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition Change Addition
SIGNAT  12.  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE  NAME  STREET AC  STR	OFF  OFF  ORESS P  ORESS P  ORESS P  ORESS P  ORESS P  ORESS P  ORESS ORESS P  ORESS	registred agent and the fi applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition Change Addition
SIGNAT  12.  TITLE  NAME  STREET AL  CITY-ST-Z  TITLE  NAME  STREET AL  CITY-ST-Z  TITLE  NAME	OFF  OFF  ORESS P  ORESS P  ORESS P  ORESS P  ORESS P  ORESS P  ORESS ORESS P  ORESS	registred agent and the fi applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required in the statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNAT  12.  TITLE  NAME  STREET AL  CITY-ST-Z  TITLE  NAME  STREET AL  CITY-ST-Z  TITLE  NAME  STREET AL  CITY-ST-Z	OFF  OFF  ORESS P  ORESS P  ORESS P  ORESS P  ORESS P  ORESS P  ORESS ORESS P  ORESS	registred agent and title if applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNAT  12.  TITLE  NAME  STREET AL  CITY-ST-Z  TITLE  NAME  STREET AL  CITY-ST-Z  TITLE  NAME  STREET AL  CITY-ST-Z  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	Signature Apped of printed name of OFF CARVAJAL, JORGE, STATE OF MIAMI FL DV CARVAJAL, MARTA 4501 SW 94 AVE MIAMI FL DORESS P MIAMI FL	registred agent and title if applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  Registered Agent signature required in the second statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNAT  12.  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE  NAME  STREET AT  CITY-ST-Z  TITLE  NAME  NAME  NAME	OFF  OFF  OFF  CARVAJAL, JORGE, S  4501 SW 94 AVE  MIAMI FL  DV  CARVAJAL, MARTA  4501 SW 94 AVE  MIAMI FL  ORESS  P  ORESS  P  ORESS  P	registred Agont and title if applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	ADDITIONS/CHANGES TO OFFICER	SAND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNAT  12.  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE  NAME  STREET AC  CITY-ST-Z  TITLE  NAME  STREET AC	OFF  OFF  OFF  CARVAJAL, JORGE, S  4501 SW 94 AVE  MIAMI FL  DV  CARVAJAL, MARTA  4501 SW 94 AVE  MIAMI FL  ORESS  P  ORESS  P  ORESS  P	registred agent and title if applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNAT  12.  TITLE  NAME  STREET AC  CITY-ST-Z	OFF  OFF  OFF  CARVAJAL, JORGE, S  4501 SW 94 AVE  MIAMI FL  DV  CARVAJAL, MARTA  4501 SW 94 AVE  MIAMI FL  ORESS  P  ORESS  P  ORESS  P	registred Agont and title if applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICER	SAND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNAT  12.  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  NAME  STREET AD  STREET A	OFF  OFF  ORESS P	registred Agont and title if applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.1 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	SAND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNAT  12.  TITLE  NAME  STREET AD  CITY-ST-Z	Signature Apped of printed name of OFF CARVAJAL, JORGE, STORESS PHORESS PHORES	registred agont and title if applicable. (NOTE: ETICERS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER	TE  RS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Addition
SIGNATI 12.  TITLE  NAME STREET AD CITY-ST-Z  TITLE  NAME STREET AD	OFF  OFF  ORESS P	registred Agont and title if applicable. (NOTE: FICERS AND DIRECTORS  DELETE  DELETE  DELETE	s, the above-named conthorized by the corporal da Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.1 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER	SAND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER

1/9/99

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

02-15-1999 90034 017 \*\*\*150.00

Daytime Phone #

CR2E034 (11/98)