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FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K91776

(0)

1. Corporation Name

CARRLEM ENTERPRISES, INC.

Principal Place of Business

9807 NW 80TH ST
BAY 11S
HIALEAH GARDENS FL 33016

Mailing Address

9807 NW 80TH ST
BAY 11S
HIALEAH GARDENS FL 33016



3. Date Incorporated or Qualified

05/30/1989

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0124133

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CARRILLO, HECTOR ARMANDO
5461 W 24 AVE
APT 24
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name CARRILLO, HECTOR ARMANDO

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

18214 S.W. 20TH. STREET

83

84 City MIRAMAR

FL

85

Zip Code 33029

11. Pursuant to the provisions of Sections 607.0102 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 of the registered agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CARRILLO, HECTOR A.	
STREET ADDRESS	5461 W 24 AVE, APT 24	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CARRILLO, RUT	
STREET ADDRESS	5461 W 24 AVE, APT 24	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CARRILLO, SANDRA	
STREET ADDRESS	5461 W 24 AVE, APT 24	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARRILLO, HECTOR A.	
1.3 STREET ADDRESS	18214 S.W. 20TH. STREET	
1.4 CITY-ST-ZIP	MIRAMAR, FL. 33029	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARRILLO, RUT	
2.3 STREET ADDRESS	6215 W. 26 CT.	
2.4 CITY-ST-ZIP	HIALEAH, FL. 33016	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARRILLO, SANDRA	
3.3 STREET ADDRESS	6215 W. 26 CT.	
3.4 CITY-ST-ZIP	HIALEAH, FL. 33016	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information submitted 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 or on an attachment with an address.

SIGNATURE

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1/28/97 (305) 362-2121

CR2E034 (9/96)