•	PLEASE R	EAD ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FO	······································		
REM	PLICATION TALE ALT	FLORID	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # M16191 1. Corporation Name CASONA DE CARLITOS INC.					97 HOV 10 MM 9: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
									Principal Place of Business 2236 COLLINS AVE. MIAMI BEACH FL 33139
	ddresses are incorrect in any wa		nformation and enter o		4. Data Incorpo	rated or Qualified	,	7	
Sulte, Apt. #, etc.			Sulte, Apt. #, etc.		To Do Business in Florida 06/03/1985		06/03/1985		
City & State		City & State	City & State		5. FEI Number	59-2551620	Applied For Not Applicable	-	
Zip	Country	Zip	Country	/	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	ed :	
7. Names	and Street Addresses of Each Of								
Title(s) Name of Officers and/or Directors 2			Stre Offi 3 (Do NOT Us		umbers)	City / State / Zip			
PT	VERA, MARIANA 535 W. 30TH S				MIAMI BEACH FL 33139				
VS	BILLINGS, JOSEPH P.		4420 ROYAL PALM			MIAMI BEACH FL	33139	1	
					10	000023 -11/13/9 ****165	701092020 .00 ****165.00		
						7	PKIZ		
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent				
535 W	Mariana 7. 30th St. Beach FL 33139	Street Address (P. Sulte, Apt. #, Etc.		.O. Box Number is Not Acceptable)					
				City		 	State Zip Code	\dashv	
10. Jubelng	appointed the registered gent	of the above named com	oration, am familiar wi	th and accept the ob	oligations of Section	on 607.0505, F.S.	FL	\dashv	
Signature of Registered	i Maria	en dyffe	U STEIGN	:		Date			
	is corporation owes angible Personal P			Yes 🎾	No 🗆		ther side for information on intangible tax.)		
this rein owed by on this a	that I am an officer or director or statement application, the reason the corporation have been paid application is true and accurate, to	n for dissolution has beer I and the names of Individ	eliminated, the corpo luals listed on this for	rate name satisfies to do not qualify for a	the requirements an exemption und	of section 607,0401 or	617.0401, F.S., that all fees		
SIGNA	FURE: SIGNATURE AND TYP	ED OR PRINTED NAME OF	SIGNING OFFICER OR I	DIRECTOR		Date	Daytime Phone #		



Division of Corporations P.O. Box 6327 Tallahasse, Fl 32314

Dear Sir/Ms:

j.

gr.

Per instructions from de Division Of Corporations, I am attaching a check in the amount of \$165.00 for the annual report fee.

I also state that I have not received the first notice from the Division of Corporations.

Thank you for your courtesy in this matter.

President