" 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

May 03, 1999 8:00 am Secretary of State

05-03-1999 90016 043 ***150.00

	MEN # M29919	•		1	
1. Corporation	ir ivanie				
CARRER	A PLUS CORPORATION				AINTE REREI NINIS ALAIT NINIS 2001
	,				
Drivers Diese	a of Divisiona	Mailing Address			#1691 01014 07841 01011 \$4081 1881
					•
1883 N.W. 7TH	.	1883 N.W. 7TH 8T.	•		
MIAMI FL 33125 MIAMI FL 33125			DO NOT WRITE IN THE	S SPACE	
				3. Date Incorporated or Qualifed	
	·			04/03/1986	
¬ /-った	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6251 5W 8 ST. Suite, Apt. #, etc.		26 C/O		59-2686405	\$8.75 Additional
	#, etc.	Suite, Apt. #FINANZ	AS, INC.	5. Certifcate of Status Desired	Fee Required
City & State	Δ	City & State CLUTT		6. Election Campaign Financing	\$5.00 May Be
23 M/A		City & State SUITI		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible
24 33144 25 29		29 3	10	Personal Property Tax.	Yes □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
TAPANES, ROGER		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
11880 S.W. 5TH STREET				·	
MAN	vil FL 33184		83		į
			84 City		85 Zip Code
				F	
office or n	egistered agent, or both, in the State.	of Florida. Such change was aut	nonzed by the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	ointment as registered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	da Statutes.	•	
SIGNATURE	·	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature req	uired when reinstating) DATE	
12.	Signature, typed or printed name of registered ager	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAPANES, ROGER		1.2 NAME		
STREET ADDRESS	11880 SW 5TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184	• •	1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAPANES, ROGER JR.	· · · · · ·	2.2 NAME		
STREET ADDRESS	11880 S.W. 57H ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME	* +		3.2 NAME		-
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	. '		4.3 STREET ADDRESS		,
CITY-ST-ZIP		☐ DELETE	4.4 CITY+ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLÉ 5.2 NAME	,	Cloude Clumpin
NAME	,		5.3 STREET ADDRESS	•	
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change . ☐ Addition
NAME		,	6.2 NAME	`-	
STREET ADDRESS			6.3 STREET ADDRESS	 -	
SIREEI ADDRESS	, p		1 0 4 OUT (OT TIO		

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.