

07141999-90007-018-\$150.00-\$150.00

ANNUAL REPORT
1999



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90007 018 ***150.00

DOCUMENT # P21364

1. Corporation Name

Carlsen & Co. Inc.

Principal Place of Business

2121 Ponce de Leon Blvd #950
Coral Gables, FL. 33134

Mailing Address

2121 Ponce de Leon Blvd #950
Coral Gables, FL. 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1988

2. Principal Place of Business

2a. Mailing Address

21

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bodin Paul David
2121 Ponce De Leon Blvd., #950
Coral Gables, FL. 33134-5218

81 Name

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

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 807.0502 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

Paul David Bodin

Paul David Bodin

7/2/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PSD

DELETE

NAME

Paul David Bodin

STREET ADDRESS

2121 Ponce de Leon Blvd #950

CITY-ST-ZIP

Coral Gables, FL, 33134

TITLE

DV

DELETE

NAME

Bernard F. Graham

STREET ADDRESS

2121 Ponce de Leon Blvd #950

CITY-ST-ZIP

Coral Gables, FL, 33134

TITLE

V

DELETE

NAME

Mike M. Ariss

STREET ADDRESS

889 West 47th Street

CITY-ST-ZIP

Miami, FL, 33140

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE

Paul David Bodin

Paul David Bodin

7/2/99

305-442-7047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #