

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

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

07-14-1999 90007 018 ***150.00

ANNUAL REPORT 1999

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21364
1. Corporation Name
Carlsen & Co. Inc.

Principal Place of Business Mailing Address
 2121 Ponce de Leon Blvd #950 2121 Ponce de Leon Blvd #950
 Coral Gables, FL. 33134 Coral Gables, FL. 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		28		65-0067725		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip Country		Zip Country		8. This corporation owes the current year intangible Personal Property Tax.			
24		29		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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)			
				83			
				84 City			

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 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Paul David Bodin			1.2 NAME			
STREET ADDRESS	2121 Ponce de Leon Blvd #950			1.3 STREET ADDRESS			
CITY-ST-ZIP	Coral Gables, FL, 33134			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Bernard F. Graham			2.2 NAME			
STREET ADDRESS	2121 Ponce de Leon Blvd #950			2.3 STREET ADDRESS			
CITY-ST-ZIP	Coral Gables, FL, 33134			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Mike M. Ariss			3.2 NAME			
STREET ADDRESS	889 West 47th Street			3.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL, 33140			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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