## 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

## DOCUMENT # DOMODO17503

| Principal Place of Business          | Mailing Address                      |  |
|--------------------------------------|--------------------------------------|--|
| 8601 S.W. 44TH ST.<br>MIAMI FL 33155 | 8601 S.W. 44TH ST.<br>MIAMI FL 33155 |  |
| 2. Principal Place of Business       | 2a. Mailing Address                  |  |
| 21                                   | 26                                   |  |
| "Suite, Apt. #, etc.                 | Suite, Apt. #, etc.                  |  |
| 22                                   | 27                                   |  |
| · City & State                       | City & State                         |  |
| [23]                                 | [28]                                 |  |

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90033 005 \*\*\*150.00

| CARLOS   | S MAINTENANCE CO.   |  |   |   |   |                                 |  |   |
|--|---|--|---|---|---|---------------------------------|--|---|
| Principal Plac   | ce of Business  | Mailing Address  |   |   |   |                                 | HUUH HUUBH BRISH                       |   |
| Principal Place of Business Mailing Address 8601 S.W. 44TH ST. 8601 S.W. 44TH ST.  |   |  |   |   |   |                                 |  |   |
| MIAMI FL 33155 MIAMI FL 33155  |   |  |   |   |   |                                 |  |   |
| THININ I COULD   |   |  |   |   | DO NOT W  | RITE IN THIS                    | SPACE                                  |   |
|  |   |  |   |   | 3. Date Incorporated or Qualife   | ed                              |  |   |
|  |   |  |   |   | 03/07/1994  |                                 |  |   |
| 2. Principal P   | Place of Business   | 2a. Mailing Address  |   |   | 4. FEI Number   |                                 | Ap                                     | plied For                                     |
| 21   |   | 26   |   |   | 65-0471740  |                                 | No                                     | t Applicable                                  |
| Suite, Apt.  | . #, etc.   | Suite, Apt. #, etc.  |   |   | 5. Certificate of Status Desired  |                                 | \$8.75                                 | Additional                                    |
| 22   |   | 27   |   |   | 5. Certificate of Status Desired  |                                 | Fee Re                                 | quired  |
| · City & Stat  | te  | City & State   |   |   | 6. Election Campaign Financin   | <sup>lg</sup> □                 | \$5.00                                 | May Be  |
| 23   |   | 28   |   |   | Trust Fund Contribution   |                                 | Added t                                | to Fees                                       |
| Zip  | Country   | Zip  | Count   | try   | 8. This corporation owes the c  | urrent year Int                 | angible                                |   |
| 24 .   | 25  | 29   | 30  |   | Personal Property Tax.  |                                 | <b>X</b> Yes                           | □No   |
|  | 9. Name and Address of Cu   | irrent Registered Agent  |   |   | 10. Name and Address of Nev   | v Registered                    | Agent                                  |   |
| I AT   | ORRE, CARLOS  |  | 8   | Name  |   |                                 |  | •   |
|  | 1 S.W. 44TH ST.   |  | ε   | Street Add  | dress (P.O. Box Number is Not Acce  | ptable)                         |  |   |
| ☐ MIAI   | MI FL 33155   |  | ε   | 33  |   |                                 | 100                                    |   |
|  |   |  |   | 34 City   | <u> </u>  | 194 J. M.                       | 85 Zip (                               | Code  |
|  |   |  | '   | City  |   | FL                              | .   05   2.5 \                         | 5000  |
| ' office or r  | radictored agent or both in the S   | .0502 and 607.1508, Florida Statut<br>tate of Florida. Such change was a<br>bligations of, Section 607.0505, Flo                               | uthorized t   | w the comorat   | rporation submits this statement for t<br>tion's board of directors. I hereby acc | he purpose of<br>cept the appoi | changing its<br>ntment as re           | registered<br>gistered                        |
| office or r<br>agent. I a<br>SIGNATURE   | registered agent, or both, in the S<br>am familiar with, and accept the ol<br>Signature, typed or printed name of registere   | tate of Florida. Such change was a bilgations of, Section 607.0505, Florida and title if applicable. (NOTE                                     | authorized b<br>orida Statut<br>E: Registered A   | by the corporates.  | tion's board of directors. I hereby act   | DATE                            | ntment as re                           | gistered                                      |
| office or r<br>agent. I a<br>SIGNATURE   | registered agent, or both, in the S<br>am familiar with, and accept the ol<br>Signature, typed or printed name of registers<br>OFFICERS   | tate of Florida. Such change was a bligations of, Section 607.0505, Florida agent and title if applicable. (NOTE S AND DIRECTORS               | euthorized borida Statut<br>E: Registered A   | by the corporates.  | red when reinstating)  ADDITIONS/CHANGES TO (                                     | DATE                            | ntment as re                           | PRS IN 12                                     |
| office or ragent. I a SIGNATURE  12.   | registered agent, or both, in the Sam familiar with, and accept the ol  Signature, typed or printed name of registere  OFFICERS   | tate of Florida. Such change was a bilgations of, Section 607.0505, Florida and title if applicable. (NOTE                                     | E: Registered A   | by the corporates.  | tion's board of directors. I hereby act   | DATE                            | ntment as re                           | gistered                                      |
| office or ragent. I a SIGNATURE  12.  TITLE NAME   | registered agent, or both, in the Sam familiar with, and accept the ol  Signature, typed or printed name of registere  OFFICERS  PD  LATORRE, CARLOS  | tate of Florida. Such change was a bligations of, Section 607.0505, Florida agent and title if applicable. (NOTE S AND DIRECTORS               | E: Registered A  13.  1.1 TITU  1.2 NAM   | py the corporates.  gent signature requi  | red when reinstating)  ADDITIONS/CHANGES TO (                                     | DATE                            | ntment as re                           | PRS IN 12                                     |
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| office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | registered agent, or both, in the Sam familiar with, and accept the ol  Signature, typed or printed name of registere  OFFICERS  PD  LATORRE, CARLOS  | tate of Florida. Such change was a bligations of, Section 607.0505, Florida agent and title if applicable. (NOTE S AND DIRECTORS               | E: Registered A  13.  1.1 TITU  1.2 NAM  1.3 STRE  1.4 CITY   | gent signature requires   | red when reinstating)  ADDITIONS/CHANGES TO (                                     | DATE                            | ID DIRECTO                             | PRS IN 12                                     |
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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?

LATORRE