FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000023101 (6) **DOCUMENT #** CARLISIS INTERNATIONAL, INC. Principal Place of Business Mailing Address 8390 W FLAGLER ST P. O. BOX 520603 #206 #206 MIAMI FL 33152 MIAMI FL 33144 3a. Date of Last Report 04/10/1995 Date Incorporated or Qualified 03/25/1994 US Applied For 2a. Mailing Address 2. Principal Place of Business 65-0479146 Not Applicable 21 26 \$8.75 Additional Suite. Apt. #, etc Suite, Ant. #. etc 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State П Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Zιρ Country Zψ Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GONZALEZ, LILIA J Street Address (P.O. Box Number is Not Acceptable) 82 8390 W FLAGLER ST #206 83 **MIAMI FL 33144** 85 Zip Code 84 11. Pursuant to the provisions of Sections 607.0502 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. ADDA Boards (LAuret Submit to team of who ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PD Addition DELETE 1.1111.6 THTLE GONZALEZ, ULIA J 1.2 NAME NAME 8390 W FLAGLER ST #206 13 STREET ADDRESS STREET ADDRESS MIAMI FL 33144 1.4 CITY - \$1, 218 CITY-ST-ZIP Change ☐ Addition [] DELETE 2.1 JULE TITLE GONZALEZ, CARIDAD H 2.2 NAME NAME 8390 W FLAGLER \$T #206 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33144 2.4 CHY+ST-ZIP CITY - ST - ZIP Change Add-tion DELETE 3 1 III: E TITLE GONZALEZ, ISIS 3.2 NAME MAME 8390 W. FLAGLER ST., STE. 206 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4 City - \$1 - 7IP CITY-S1-ZIP ☐ Change Addition DELETE 4 1 fifte TITLE 4.2 NAME NAME 4.3 STREET ACORESS STREET ADDRESS 44 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ■ Addition 5 1 THILE THIE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C-TY - ST - 7if CITY - ST - ZIP Addition ☐ Change DELETE 6 1 TIELE TITLE 6.2 NAME 6.3 STHEET ADDRESS STREET ADDRESS 64 CITY ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation or the facever or trusted enipopered to execute this report as required by Chapter 607, Florida Statutes, and that my name

04/09/96

appears in Block 12 or Block 13 if changed, or on and

Lilia of Control

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND

CR2E034 (12/95)