FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000023101 (6)

CARLISIS INTERNATIONAL, INC. Principal Place of Business Mailing Address 8390 W FLAGLER ST P. O. BOX 520603 #206 DO NOT WRITE IN THIS SPACE MIAMI FL 33144 MIAMI FL 33152 3. Date Incorporated or Qualified 03/25/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0479146 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GONZALEZ, LILIA J 8390 W FLAGLER ST 82 Street Address (P.O. Box Number is Not Acceptable) #206 83 **MIAMI FL 33144** 84 City Zip Code 85 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELÉTE Change Addition TITLE 1.1300.6 GONZALEZ, LILIA J NAME 1.2 NAME 8390 W FLAGLER ST #206 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP 1.4 CITY-ST-ZIP VDS DELETE TITLE Change Addition 21 TITLE GONZALEZ, ISIS 2.2 NAME 8390 W. FLAGLER ST., STE. 206 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Channe TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 or an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mrs.

4/21/58

CR2E034 (10/97

FILED

Apr 27 1998 8:00am

Secretary of State