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

PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # P94000023101

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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

04-14-1999 90149 004 ***150.00

CARLISIS INTERNATIONAL, INC. Principal Place of Business: #206 #206 #206 #206 #206 #206 #206 #20
Principal Place of Business: MIAMI FL 33144 MIAMI FL 33152 US 3. Date Incorporated or Qualified 03/25/1994 2. Principal Place of Business 21
Principal Place of Business: MIAMI FL 33144 MIAMI FL 33152 US 3. Date Incorporated or Qualified 03/25/1994 2. Principal Place of Business 21
B390 W FLAGER ST
MAMI FL 33144 WAS A MININ FL 33152 US 3. Date incorporated or Qualified 3. Date inc
3. Date Incorporated or Qualified (03/25/1994) 2. Principal Place of Business
Column C
2. Principal Place of Business 2. Mailing Address 3. FEI Number 65-0479146 Not Applied For 65
Suite, Apt. #, etc. Suite, Ap
Suite, Apt. #, etc. Suite, Apt. #, etc. Scriffcate of Status Desired \$8.75 Additional Fee Required \$1.00 Amay Be Added to Fees
Secretical of Status Desired Fee Required Secretical of Status Desired Fee Required Secretical of Status Desired
City & State 23
Trust Fund Contribution Added to Fees
Zip
9. Name and Address of Current Registered Agent GONZALEZ, LILIA J 8390 W FLAGLER ST #206 MIAMI FL 33144 11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZIP MAMI FL 33144 14. CITY-ST-ZIP MAMI FL 33144 14. CITY-ST-ZIP MAMI FL 33144 14. CITY-ST-ZIP MAMI FL 33146 Change Addition Change Addition Change Addition STREET ADDRESS CITY-ST-ZIP MAMI FL 33. STREET ADDRESS CITY-ST-ZIP Addition Change Addition ADDITIONS CHANGES ADDRESS ALL AML FL 33. STREET ADDRESS ALL AML FL 33. STREET ADDRESS ALL AML FL 33. STREET ADDRESS ALL AM
GONZALEZ, LILIA J 8390 W FLAGLER ST #206 MIAMI FL 33144 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 office or registered agent, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE Signature, hyped or politid name of registered agent and title if applicable (NOTE Registered Agent signature required when remitating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS 13. STREET ADDRESS GONZALEZ, LILIA J STREET ADDRESS ST
GONZALEZ, LILIA J 8390 W FLAGLER ST #206 MIAMI FL 33144 81 Name L:L:4 J. Com3Ale3 82 Street Address (F.O. Box Number is Not Acceptable). T # 25 D 83 84 City/L:AM: 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Hyperd or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS 13. STREET ADDRESS GONZALEZ, LILIA J STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 14. CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 12. NAME GONZALEZ, LILIA J STREET ADDRESS GONZALEZ, ISIS STREET ADDRESS STREET ADD
GONZALEZ, LILIA J 8390 W FLAGLER ST #206 MIAMI FL 33144 82 Street Address & D. Box Number is Not Acceptable). # 2 5 D 83 Street Address & D. Box Number is Not Acceptable). # 2 5 D 84 City / L'AML' FL 85 Zip Code / J 3 / L/L 85 Zip Code / J 3 / L/L 86 City / L'AML' FL 85 Zip Code / J 3 / L/L 87 City / L'AML' FL 85 Zip Code / J 3 / L/L 88 City / L'AML' FL 85 Zip Code / J 3 / L/L 89 City / L'AML' FL 85 Zip Code / J 3 / L/L 80 City / L'AML' FL 85 Zip Code / J 3 / L/L 81 City / L'AML' FL 85 Zip Code / J 3 / L/L 82 Street Address & D. Box Number is Not Acceptable). # 2 5 D 83 City / L'AML' FL S
8390 W FLAGLER ST #206 MIAMI FL 33144 84
#206 MIAMI FL 33144 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.
MIAMI FL 33144 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent. I am familiar with, and accept the obligations of, Section 607.0505, 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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered of purposes of changing its registered of florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered of agent. I agent the purpose of changing its registered objects in the purpose of changing its reg
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 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, 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, 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, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with and accept the obligations of, so registered agent. I am familiar with and accept the obligations of, so registered agent. I am familiar with and accept the obligations of, so registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment
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.
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In ereby 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) DATE
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 TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition NAME GONZALEZ, LILIA J STREET ADDRESS 8390 W FLAGLER ST #206 IN AMINIFL 33144 IN AMINIFL 33144 ITTLE OGNZALEZ, ISIS STREET ADDRESS GITY-ST-ZIP MIAMI FL OCHANGE Addition Change Addition STREET ADDRESS STREET ADDRESS STREET ADDRESS GITY-ST-ZIP MIAMI FL OCHANGE Addition Addition Change Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD
TITLE PD DELETE DORESS GONZALEZ, LILIA J STREET ADDRESS 8390 W FLAGLER ST #206 STREET ADDRESS MIAMI FL 33144 1.4 CITY-ST-ZIP MIAMI FL 33144 1.4 CITY-ST-ZIP MIAMI FL 33166 DELETE DELETE DORESS 8390 W. FLAGLER ST., STE. 206 STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 3.1 TITLE DELETE 3.1 STREET ADDRESS STRE
NAME STREET ADDRESS S
CITY-ST-ZIP MIAMI FL 33144 1.4 CITY-ST-ZIP MIAMI, FI 33166 TITLE VDS NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 2.1 TITLE STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 3.1 TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP AL CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition
CITY-ST-ZIP MIAMI FL 33144 1.4 CITY-ST-ZIP MIAMI, FI 33166 TITLE VDS NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 2.1 TITLE STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 3.1 TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP AL CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition
TITLE VDS DELETE 2.1 TITLE Change Addition NAME GONZALEZ, ISIS STREET ADDRESS 8390 W. FLAGLER ST., STE. 206 CITY-ST-ZIP MIAMI FL DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP
NAME GONZALEZ, ISIS STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 13.1 TITILE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP
TITLE SANAME NAME - 3.2 NAME STREET ADDRESS CITY- ST- ZIP 3.4 CITY- ST- ZIP
TITLE SANAME NAME - 3.2 NAME STREET ADDRESS CITY- ST- ZIP 3.4 CITY- ST- ZIP
TITLE SANAME NAME - 3.2 NAME STREET ADDRESS CITY- ST- ZIP 3.4 CITY- ST- ZIP
NAME - 3.2 NAME STREET ADDRESS - 3.3 STREET ADDRESS CITY- ST-ZIP - 3.4. CITY- ST-ZIP
STREET ADDRESS
CITY-ST-ZIP . 3.4. CITY-ST-ZIP
Change Change Change
TITLE DELETE 4.1TITLE . Change Addition
NAME 4. 2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition
FOLIMAGE
NAME 5.2 NAME
NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS
NAME
NAME
NAME

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: