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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025683 (1)

CARL INDUSTRIES, INC.

CARE HIDOSTILLO, INC.																	
Principal Place of Business Mailing Address												1	1 18041001 140 18141 UPDIA BUILA DUIL				100 1111 1001
2702 NW 72ND AVE. MIAMI FL 33122					2530 N. POWERLINE ROAD SUITE 401 POMPANO BEACH FL 33089					DO NOT WRITE IN THIS SPACE							
						1 OM MIC CENTITE BODG						3. Date Incorporated or Qualified					
													04/01/1994				
2.	Principal P	lace of Busin	ness			2a. Mailing Address						4.	FEI Number			App	lied For
21						26						65-0480595			Not	Applicable	
	Suite, Apt.	#, etc.				Suite, Apt. #, etc.					_	Certificate of Status Desired		\$8.7	<b>5</b> Ad	ditional	
22						27					<u> </u>	Continuate of Status Desired		Fee	Req	uired	
	City & State	ite			ļ	City & State						6.	Election Campaign Financing	_			nay Be
23						28						-	Trust Fund Contribution				Fees
	Zip		Cou	ntry	ļ	Zip		-	ountry	,		6.	This corporation owes or has p				
24			25			29		30				1	Personal Property Tax due Jun Name and Address of New R		Yes		NO
9. Name and Address of Current Registered Agent											ame	10.	Name and Address of New N	Bisteren	Agent		
CARL, CHOI									81								
2606 NW 72 AVE MIAMI FL 33122							82	82 Street Address (P.O. Box Number is Not Acceptable)									
								83					<u>.</u>				
									"								
									84	Ci	ty			FL	85 Z	ip C	ode
11	Pursuant	to the provis	sions of S	actions 60	07.0502 an	id 607.1508	B. Florida Statu	above	e-na	med corp	oratio	on submits this statement for the		f changin	o its	registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named coloffice or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											corporati	on's t	board of directors. I hereby acce	pt the app	ointment	as re	egistered
SIGNATURE Signature, typed or proted name of registered eyent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												<del></del>		····			
12				OFFICER	RS AND DI	RECTORS		13				,	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	●RS	IN 12
TITI	E	Р					DELFTE	1.1	TITLE						Chang	ge	Addition
NAI	NAME CHOI, CARL STREET ADDRESS 2606 NW 72 AVE				13			1.2 NAME									
STF				AVE .				1.3 \$		1.3 STREET ADDRESS							
CIT	Y-ST-ZIP	MAM	I FL	···				1.4	CITY-S	T - ZIP	<u> </u>						
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	-						bud DULLIE									,-	
NAN	ME							0.21	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 suppliemental 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 title 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 all attachment with an address.

CARL CHOI

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**FILED** 

May 01 1998 8:00am

Secretary of State