PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000091011 1. Corporation Name

CARPAL PLANET, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90237 031 ***150.00

								_						
Principal Place of Business			Mailing Address					'	-==110p+ ,/8 /2/11 01					
8672 S.W. 40TH ST.			8672 S.W. 40TH ST.											
UNIT 202			UNIT 202					DO NOT WRITE IN THIS SPACE						
MIAMI FL 33155	•		MIAMI FL 33155					3. Date I corporated or Qualifed						
								12/16	6/1994	20amed				
· · ·	ace of Business		2a. Mailing Address					4. FEI NO					lied For	
21			26					65-0541510				Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired				Fee Required		
22			City & State						O marina Sin					
City & State			⊢ ′					6. Electic n Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					-	
Zip Country			Zip Country					8. This corporation owes the current year Intangible						
- ·			29 30					Personal Property Tax.			ir mtarigio ∐Y		JNo	
24	9. Name and Addre			30	Т				and Address				=	
	o. Hame and Addre	35 Or Guiten. Re	Aurelea Wall		81	Nam								
LIEMI	URA, CARLOS D				82					4				
8672 S.W. 40TH ST.						Stree	t Addr	ress (P.O. Bo:	Number is Not	Acceptable)				
UNIT 202														
MAIM	AI FL 33155				83									
					84	City					F L 85	Zip C	ode	
11. Pursuant I	to the provisions of sict	ions 607.0502 and	d 607.1508, Florida Stat orida. Such change was of, Section 607.0505, F	utes, the a	ibove d by t	-name the cor	d corp	oration subm	ts this statemen			jing its it as reç	egistered istered	
agent. I ar	n familiar with and a se	ept the obligations	of, Section 607.0505, F	lorida Sta	tutes.		-			7/2	rola	9	[
SIGNATURE		 								1 /	97			
	<u> </u>	of registered agen and FFICERS AN DD		13.		n signatur	e Led 71Le	d when reinstating	ONS/CHANGES	TO OFFICER	S AND DI	RECTO	RS IN 12	
12.	PD	FFICERS AND D	DELETE	1.1 T			Τ	7,00111	3110/21			Change	Addition	
NAME					AME							•		
1	5701 MICHELANGE					ADDRES	ا							
STREET ADDRESS	CORAL GABLES FL				ITY-SI		۱"							
CITY-ST-ZIP TITLE	SD SD		DELETE	2.1 T		1-21	+					Change	☐ Addition	
NAME	PALMIRA, LEMURA		A	221								-		
STREET ADDRESS	5701 MICHAELANG					ADDRES	<u>.</u>							
1	CORAL GABLES FL				CITY-S		Ĭ							
CITY-ST-ZIP TITLE	TOTAL WADELO FL		☐ DELETE	3.1 T		11-LIF	+-					Change	Addition	
NAME					AME						_	-		
ì i				4		ADDRES	s						1	
. STREET ADDRESS					CITY-S		1							
CITY-ST-ZIP TITLE			☐ DELETE	417			+-					Change	Addition	
NAME					NAME									
STREET ADDRESS						r addres	s							
CITY-ST-ZIP					ITY-SI		İ							
TITLE			☐ DELETE	5.1 T			†					Change	Addition	
NAME				5.2 N	IAME									
STREET ADDRI SS				5.3 5	TREET	T ADDRES	s							
CITY-ST-ZIP				5.4 0	ITY-SI	T-ZIP								
TITLE - ·			☐ DELETE	. 6.1 T	TILE		ナー					Change	Addition	
NAME				6.2 8	IAME									
STREET ADDRESS				6.3 5	TREET	T ADDRES	s							
CITY-ST-ZIP				6.4 (TY-S	T-ZIP								

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 to an attachment with an address, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: