

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-26-1999 90237 031 ***150.00

DOCUMENT # P94000091011

1. Corporation Name
CARPAL PLANET, INC.

Principal Place of Business
8672 S.W. 40TH ST.
UNIT 202
MIAMI FL 33155

Mailing Address
8672 S.W. 40TH ST.
UNIT 202
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/16/1994

4. FEI Number
65-0541510

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

LEMURA, CARLOS D
8672 S.W. 40TH ST.
UNIT 202
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of birth 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, type or print name of registered agent and title if applicable.

(NO) E: Registered Agent signature required when reinstating

DATE

3/10/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
LEMURA, CARLOS D
5701 MICHELANGELO ST
CORAL GABLES FL 30146

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
PALMIRA, LEMURA
5701 MICHAELANGELO ST
CORAL GABLES FL 33146

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/99 305 223 7666

CR2E034 (11/98)

0227057