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**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P95000012267

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-29-1999 90263 005 \*\*\*150.00

CARLUI	PURCHASING, INC.								
Principal Place of Business Mailing Address 6125 W. 20TH AVE UNIT 103 6125 W. 20TH AVE UNIT 1 HIALEAH FL 33012 HIALEAH FL 33012						-			
		111102111112 00010				DO NOT WRITE	IN THIS SPACE		
	<u> </u>					3. Date Incorporated or Qualified 02/13/1995			
· · · ·	Place of Business	2a. Mailing Address				4, FEI Number	<del></del>	oplied For	
Suite, Apt.	tt etc	26   Suite, Apt. #, etc.				65-0581127	A0.75	ot Applicable	
22	7, 010.	27				_5_Certificate of Status Desired[	Fee Re	equired	
City & Stat	le .	City & State		<del></del>		6 Flection Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added		
Zip	Country	Zip		ntry		8. This corporation owes the current			
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	ent Registered Agent		81 Name	<u> </u>	10. Name and Address of New Reg	istered Agent		
LOP	ez, maria g						<del></del>		
	5 W 20 AVENUE, #103			82 Stree	t Addres	ss (P.O. Box Number is Not Acceptable	•)		
HIAL	EAH FL 33012			83					
! 				84 City		, , , , , , , , , , , , , , , , , , , ,	FL 85 Zip (	Code	
11 Pursuant	to the provisions of Sections 607.05	602 and 607 1508 Florida Si	tatutes, the a	hove-name	d comor	ation submits this statement for the pu	roose of changing its	registered	
office or r	registered agent, or both, in the State	e of Florida. Such change w	as authorized	I by the con	poration	's board of directors. I hereby accept the	ne appointment as re	gistered	
agent. ra		4.4.4	•	_			11 10100	}	
SIGNATURE	Marie Ro	CAR MA	•	2 00	2EZ	then reinstating)	4   8   99 DATE	<del>?.</del> {	
	Signature, typed or printed name of registered as	CAR MA	•	2 00	PEZ required w	then reinstating) ADDITIONS/CHANGES TO OFFICE	H 8 99 DATE DIRECTO	). DRS IN 12	
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	and titler applicable.	NOTE: Registered	Agent signature	26 Z required w		CERS AND DIRECTO	DRS IN 12	
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A D LOPEZ, CARLOS J	not and talk of applicable.  NO DIRECTORS	NOTE: Registered	Agent signature	DE Z				
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A LOPEZ, CARLOS J 6125 W. 20TH AVE., UNIT 10.	not and talk of applicable.  NO DIRECTORS	13. E 1.1 TI	Agent signature	e required w				
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A D LOPEZ, CARLOS J 6125 W. 20TH AVE., UNIT 10: HIALEAH FL 33012	grand tule applicable.  IND DIRECTORS  DELETI	NOTE: Registered 13. E 1.1 TI 1.2 N 1.3 S' 1.4 CI	Agent signadore  TLE  ME  TREET ADORESS  TY-ST-ZIP	e required w		☐ Change	Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered at OFFICERS A D LOPEZ, CARLOS J 6125 W. 20TH AVE., UNIT 10: HIALEAH FL 33012	not and talk of applicable.  NO DIRECTORS	NOTE: Registered 13. E 1.1 TI 1.2 N 1.3 S 1.4 CI E 2.1 TI	Agent signature  FLE  MME  REET ADDRESS  TY-ST-ZIP  FLE	e required w				
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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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP