## 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

## DOCUMENT # P95000031433

1. Corporation Name

CAILL, INC.

## Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90084 027 \*\*\*150.00

Principal Place	of Business	Mailing Address			1161 1181
200 ALBATROSS STREET 200 ALBATROSS STREET		200 ALBATROSS STREET			
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166			DO MOT MIDITE IN THIS SPACE		
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				04/17/1995 4. FEI Number Applied	
2. Principal Pl	ace of Business	2a. Mailing Address		- I	
21		Suite, Apt. #, etc.		65-0576428 Not App	
Suite, Apt. :	#, etc.			5. Certificate of Status Desired Fee Required	
22		City & State			
City & State	<del>2</del>	28		6. Election Campaign Financing \$5.00 May 1  Trust Fund Contribution Added to Fee	
23   Zip	Country	Zip	Country	This corporation owes the current year Intangible	
<del></del> 1	25	29 3	<b>-</b>	Personal Property Tax.	,
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent	
			81 Name		
IGLE	SIAS, CARLOS A		22 21 111	(D.O. D. N. Leeis Net Asia - 4-51-5)	
200 ALBATROSS STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI SPRINGS FL 33166			83		
				lan Zin Code	
			84 City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose of changing its regis	tered
office or re	egistered agent, or both, in the State on familiar with and accept the obligat	of Florida. Such change was auti	norized by the corporat	tion's board of directors. I hereby accept the appointment as register	ea
	III lamiliar way, and addept the obligat	CARLO	C A 16	1.65125	1
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating) DATE	}
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12
TITLE	D0				
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NAME	iglesias, lilliam v	□ DÉLETE	1.1 TITLE 1.2 NAME	Change	Addition
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1	IGLESIAS, LILLIAM V	☐ DELETE	1.2 NAME		
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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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS A