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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90071 010 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P95000046479

1. Corporation Name
CARNO P. TONEGI CORP.

Principal Place of Business
**4501 MONSERRATE STREET
CORAL GABLES FL 33146**

Mailing Address
**4501 MONSERRATE STREET
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
21 5900SW 41st Street

2a. Mailing Address
26 5900SW 41st Street

3. Date Incorporated or Qualified
06/08/1995

4. FEI Number
65-0292769

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

22 Suite, Apt. #, etc.
23 Miami, FL
24 33155

27 Suite, Apt. #, etc.
28 Miami, FL
29 33155

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OTALVARO, CARLOS
4501 MONSERRATE STREET
CORAL GABLES FL 33146**

81 Name OTALVARO, Carlos
82 Street Address (P.O. Box Number is Not Acceptable) 5900 SW 41st Street
83
84 City Miami FL 85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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 typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OTALVARO, CARLOS	
STREET ADDRESS	4501 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OTALVARO, SONIA	
STREET ADDRESS	4501 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OTALVARO, CARLOS N	
STREET ADDRESS	4501 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OTALVARO, CARLOS F	
STREET ADDRESS	4501 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OTALVARO, HORTENSIA M	
STREET ADDRESS	4501 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OTALVARO, CARLOS A	
STREET ADDRESS	4501 MONSERRATE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OTALVARO, Carlos	
1.3 STREET ADDRESS	5900 SW 41st St.	
1.4 CITY-ST-ZIP	MIAMI, FL 33155	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OTALVARO, Sonia	
2.3 STREET ADDRESS	5900 SW 41st St	
2.4 CITY-ST-ZIP	MIAMI, FL 33155	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OTALVARO, CARLOS N	
3.3 STREET ADDRESS	5900 SW 41st St	
3.4 CITY-ST-ZIP	MIAMI, FL 33155	
4.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	OTALVARO CARLOS F	
4.3 STREET ADDRESS	5900 SW 41st Street	
4.4 CITY-ST-ZIP	MIAMI, FL 33155	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	OTALVARO HORTENSIA	
5.3 STREET ADDRESS	5900 SW 41st Street	
5.4 CITY-ST-ZIP	MIAMI, FL 33155	
6.1 TITLE	V-F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	OTALVARO, CARLOS A	
6.3 STREET ADDRESS	5900 SW 41st Street	
6.4 CITY-ST-ZIP	MIAMI, FL 33155	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-99 305 668 7764

CR2E034 (1/98)