

PROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED

00 MAY -3 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

21 5900 SW 41st Street

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip Country

24 33155 25

2a. Mailing Address

26 5900 SW 41st Street

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip Country

29 33155 30

3. Date Incorporated or Qualified

06/08/1995

4. FEI Number

65-0292769

Applied I

Not Appl

5. Certificate of Status Desired

☐

\$8.75 Additio  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May E  
Added to Fee:

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes No

9. Name and Address of Current Registered Agent

OTALVARO, CARLOS  
4501 MONSERRATE STREET  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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 607.1906, 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00 4-25-99

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE	PD 700003263397	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	OTALVARO, CARLOS	
1.3 STREET ADDRESS	5900 SW 41st Street	
1.4 CITY-ST-ZIP	MIAMI, FL 33155	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	<del>OTALVARO, SONIA</del>	
2.3 STREET ADDRESS	<del>4501 MONSERRATE STREET</del>	
2.4 CITY-ST-ZIP	<del>CORAL GABLES FL 33146</del>	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	<del>OTALVARO, CARLOS N</del>	
3.3 STREET ADDRESS	<del>4501 MONSERRATE STREET</del>	
3.4 CITY-ST-ZIP	<del>CORAL GABLES FL 33146</del>	
4.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	<del>OTALVARO, CARLOS F</del>	
4.3 STREET ADDRESS	<del>4501 MONSERRATE STREET</del>	
4.4 CITY-ST-ZIP	<del>CORAL GABLES FL 33146</del>	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	<del>OTALVARO, HORTENSIA M</del>	
5.3 STREET ADDRESS	<del>4501 MONSERRATE STREET</del>	
5.4 CITY-ST-ZIP	<del>CORAL GABLES FL 33146</del>	
6.1 TITLE	V-F	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	<del>OTALVARO, CARLOS A</del>	
6.3 STREET ADDRESS	<del>4501 MONSERRATE STREET</del>	
6.4 CITY-ST-ZIP	<del>CORAL GABLES FL 33146</del>	

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 4-25-99 305-668 7764 305-6687