**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

00 MAY -3 PM 3: 40

| DOCUMENT # P95000046479  1. Corporation Name  CARNO P. TONEGI CORP.  |  |  |  | SECR<br>TAILEA   | ETARY OF STA<br>HASSEE, FLOR   | TE.<br>Vida  |  |
|--|--|--|--|--|--|--|--|
| 1  | ace of Business<br>RRATE STREET  | Mailing Address 4501 MONSERRATE STF  | ocer .   |  |  |  |  |
| CORAL GABL   |  | CORAL GABLES FL 3314   |  |  |  |  |  |
|  |  |  |  | 3. Date Incor  | DO NOT WRITE porated or Qualifed   | IN THIS SPACE  |  |
| 2 Principal  | Place of Business  |  |  | 06/08/19   | 995  |  | •  |
| 21 590   |  | 2a. Mailing Address  | Yld Cties  | 4. FEI Number 65-0292  |  | -  | Applied I  |
| Suite, Ap  |  | Suite, Apt. #, etc.  | 1111 17166   |  |  | \$8.7  | Not Appl   |
| 22 City 8 Ct   | <del></del>  | 27   |  | 5. Certifcate  | of Status Desired (  |  | e Required   |
| City & Sta   | cami, Fl.  | City & State  28 Mcame   | FL   |  | ampaign Financing  | <b>\$5</b> .   | 00 мау Е   |
| Zip  | Country  | Zip Zip  | Country  |  | Contribution   | Add  | led to Fee   |
| 24 33  | / >5 25  | 29 33/55   | 30   |  | ration owes the current<br>roperty Tax.  | year Intangible Yes  | MAINO  |
|  | 9. Name and Address of Current   | t Registered Agent   |  |  | Address of New Reg   |  |  |
| ОТ   | ALVARO, CARLOS 🖢   |  | 81 Name  | OTALU  | Atto C   | ur lo c  |  |
| 456  | MONSEPRATE STREET  |  | 82 Street A  | Address (P.O. Box Nur  | mber is Not Acceptable   | <del></del>  |  |
| CO   | BAL GARLES EL 33146  |  | 83   | 5900 5   | W 4/c  | + STras  | e  |
|  |  |  | 1  |  |  |  |  |
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|  |  | /,   | 84 City /  | Miums  |  |  | ip Code  |
| 11. Pursuant   | t to the provisions of Sections 07.0502  | and 607.1906, Florida State  | 1 1 1  | MIUMI<br>corporation submits thi   | s statement for the pur  |  | ~~ · (   |
|  | t to the provisions of Sections 07.0502<br>registered agent, or both in the State o<br>am familiar with, and accept the obligati   | and 607.1906, Florida State<br>of Florida Mich change was<br>one of gection 607.0500, Fl | 1 1 1  | corporation submits this   | s statement for the pur<br>tors. I hereby accept th  |  | ~~ · (   |
| 11. Pursuant office or agent. I a  |  |  | utes, the above-named cauthorized by the corporatorida statiures.  | corporation submits this   | 6-00 Y   | pose of changing e appointment as  | ~~ · (   |
|  | Signature Typed or printed of longistared agent  | and the itapplicable (NOT  | utes, the above-named cauthorized by the corporatorida statiures.  | corporation submits this appropriate the state of direct | 6-00 Y   | pose of changing appointment as  | 33/S<br>its registers<br>registers   |
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573/55 14. I hereby certify that the information supplied with this filling robes 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 point 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 of tostee 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 attackment with an address, with all other like approached.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 4561 MONSERPATE STREET

CORAL GABLES FL 33146

908 5 00 1910 514001