## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARIMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # **P95000048661 (9)** 

CARRIO MANAGEMENT ENTERPRISES, INC.

Principal Plac	e of Business	Mailing Ad	Mailing Address				4 LBBilder 158-18:45 dien danit danit antit antit atom 10:10 piece atter einer ital 1001			
905 NE 4 AVE FT LAUDERDALE FL 33304			905 NE 4 AVE FT LAUDERDALE FL 33304-1941							
						3.	Date Incorporated or Qualified 06/19/1995	3a. Date of L. 01/24/19		
2. Principal F	Place of Business	2a. Mailing 26	Address			4.	TET Number APPLIED FOR-65-03	591432	Applied For Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.			. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Star 23	le	City & 5	State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip 24	Country 25	7(p)		30 Cour	drý			Yes 🗌 No	der s. 199.032,	
<del></del>	9. Name and Address of Curr	ent Registered Ag	ent	. ,		10.	. Name and Address of New Re	gistered Agent		
CA	rrio, Louis				81 Name					
905 NE 4 AVE FT LAUDERDALE FL 33304					82 Street Add	lress (	P.O. Box Number is Not Acceptab	ole)	<u> </u>	
					83					
				Ī	84 City			FL 85	Zip Code	
SIGNATURE.	am familiar with, and accept the ob-				Agent's gradure roqu		in reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE	TODS IN 12	
12.	OFFICE (AS )	and the second s	DEFFIE	11][	T		ADDITIONS/CHANGES TO OTTIC	Cha	TARREST SECTIONS OF THE PARTY OF	
	CARRIO, LOUIS	l						L. J GIR	ange [_] Muditio	
NAME	2641 MILLER CT			1.2 NA						
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NAME				5.2 NA	ME ANDOLOG					

14. I do hereby certify that the information supplied with his bling 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 supportinental 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 of phytreceiver 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 pri an attachment with an address.

6.1 TITLE 6.2 NAME

MATURE / LOUIS CAR

DECETÉ

3/10/62 1954)565577

Change Addition

**FILED** 

Mar 14 1997 8:00am

Secretary of State