Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90057 049 ***150.00

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 # P95000052182

 Corporation 	Name					
CARLOS	M. PAZOS, CPA, P.A.					
				* 1001:10 6 1 148 1040; 0314 0314 04 14 08 14	######################################	
Principal Place	of Business	Mailing Address		3 100(1000) 110 (0.01) 01111 04(1) EN(1) 00(1)	i dålål di ss å is nå t fi ka t låren fil	11 18 31
3533 SW 90TH	AVE	3533 SW 90TH AVE				
MIAMI FL 33165		MIAMI FL 33165				
US US				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	•	
				07/06/1995		
	ace of Business	2a. Mailing Address		4. FEI Number	Applied F	
21		26	- 1-/	65-0594592	Not Appli	
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition Fee Required	
22		City & State		O Floring Compains Financing	`	
City & State	•	— ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fees	
23	Country	Zip	Country	This corporation owes the current year.		
Zip			¬ ·	Personal Property Tax.	Yes ONo	
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Regist		
	5. Maine and Addiess of Current	rogistored Agent	81 Name -7	<u> </u>		
PAZO	OS, CARLOS M		<u> </u>	PAZOJ CARLOI M.		
3533 SW 90TH AVE		82	dcress (P.O. Box Number is Not Accentable)	ACC		
MIAN	AI FL 33165		83	197		
			84 City (การ์mi	FL 85 Zip Code	6
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named or	progration submits this statement for the purpo	se of changing its registe	ered
	naistered affont adhath in the State o	f Florida. Such change was aufi	nonzed by the corpor	ation's board of directors. I hereby accept the	appointment as registere	ea
l agent la	m familiar with and accept the obbitation	ons of Section 607-0505 Florid	la Statutes	4	/	
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607-0505, Florio	la Statutes	1_	190	
agent. I ar	m familiar with, and accept the obligation	cons of, Section 6020505, Florid	la Statutes M. PAZOJ egistered Agent signature req	12/3	90	_
agent. I ar	m familiar with, and accept the obligati	and title if applicable. (NOTE: R	M. PAZOJ	dured when reinstating) ADDITIONS/CHANGES TO OFFICE	AS AND DIRECTORS IN	_ 12
agent. I ar	m familiar with, and accept the obligation	and title if applicable. (NOTE: R	egistered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN	_
agent. I as SIGNATURE	m familiar with, and accept the contract Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN	_ 12
agent. I all SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent signature req	ADDITIONS/CHANGES TO OFFICER PSD PAZOL, CARLOL 103 P1/1	AS AND DIRECTORS IN Change	_ 12
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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 ecciver 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 altachment with an address, with all other like empowered.

6.4 CITY- ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP