

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 # P95000058988

1. Corporation Name

CARVAR REPS, INC.

Principal Place of Business

2357 COLLINS AVE.
SUITE G
MIAMI BEACH FL 33139

Mailing Address

2357 COLLINS AVE.
SUITE G
MIAMI BEACH FL 33139

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90029 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1995

4. FEI Number

65-0600557

Applied For
Not Applicable

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

2. Principal Place of Business

21 3501 West Vine St.

2a. Mailing Address

26 3501 West Vine St.

Suite, Apt. #, etc.

22 SUITE 270

Suite, Apt. #, etc.

27 SUITE 270

City & State

23 KISSIMMEE, FL.

City & State

28 KISSIMMEE, FL.

Zip

24 34741

Country

25

Zip

29 34741

Country

30 OSCEOLA

9. Name and Address of Current Registered Agent

VARGAS, CARLOS A
2357 COLLINS AVE.
SUITE G
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

VARGAS, CARLOS A.

82 Street Address (P.O. Box Number is Not Acceptable)

3501 WEST VINE ST.

83

SUITE 270

84 City

KISSIMMEE

FL

85 Zip Code

34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
VARGAS, CARLOS A
2301 COLLINS AVE., APT. 1123
MIAMI BEACH FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
VARGAS, CARLOS
1.3 STREET ADDRESS
526 EAGLE POINT NORTH
1.4 CITY-ST-ZIP
KISSIMMEE FLA 34746

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS A VARGAS

01/15/99.

407 944 9696.

Date

Daytime Phone #

CR2E034 (11/98)