## 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

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

03-03-1999 90029 037 \*\*\*150.00



Principal Place	of Business	Mailing Address					
2357 COLLINS AVE. 2357 COLLINS AVE.							
SUITE G		SUITE G					
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139		MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qua 07/31/1995	auted		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Apr	olied For
21 3501	West VINE ST .	26 350/ West 1	inest.	65-0600557		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Finar	ncing _	\$5.00	May Be
23 KISSIMMEE. FL.		28 KISSIMMEE . FL		Trust Fund Contribution		Added to	Fees
Zio Country		Zip Country		8. This corporation owes the current year Intangible			
3474/ 25		29 347 4/ 30 OSCEOLA		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent		10. Name and Address of	New Registered	Agent	
VAR	GAS, CARLOS A			ARGAS, CARLOS.			
2357 COLLINS AVE.			82 Street Addre	ess (P.O. Box Number is Not A WEST VINE ST	cceptable)		
SUITE G				WEST VINE DI	•		
	AI BEACH FL 33139		- 83 SUIT	E 270			
, when	III DEACH FL 33139		<del></del>	<del></del>		85 Zip C	ode,
	,	1	ا ا	SSIMME	<u> </u>	347	41
`office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was author	nzed by the corporatio	oration submits this statement for on's board of directors. I hereby	or the purpose of accept the appoir	changing its reg	registered jistered
	m lamillar with, and accept the deligand	ons Cr. Gearlon Gor. 0303, Florida .	Statutes.			_	
SIGNATURE	Signature, typed or printed pame of registered agent a	and title if applicable. (NOTE: Regis	stered Agent signature required	1 when reinstating)	DATE		
12.	OF NEERS AND		13.	ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTO	RS IN 12
TITLE	0	☐ DELETE	1.1 TITLE P	RESIDENT.		Change	☐ Addition
NAME	VARGAS, CARLOS A		1.2 NAME VA	RGAS, CARLOS			
STREET ADDRESS	2301 COLLINS AVE., APT. 1123		1.3 STREET ADDRESS 52	26 EAGLE POINT N	ORTH		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP K	ISSIMMEE FLA	34746		į
TITLE	1111,0111,000		2.1 TITLE			Change	Addition
NAME		1	2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
			2.4 CITY-ST-ZIP				ľ
CITY-ST-ZIP TITLE			3.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			3.2 NAME				
			3.3 STREET ADDRESS				•
STREET ADDRESS			3.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			4.1 TITLE			[ ] Change	Addition
NAME			4. 2 NAME			_	
			4.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP		F7	4.4 CiTY-ST-ZIP 5.1 TITLE			Change	Addition
TITLE		_	5.2 NAME				
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP			6.1 TITLE			Change	[ ] Addition
TITLE			6.2 NAME				L.J / NOCIOO!)
NAME			U.Z (WAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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 according 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 orderess, with all other like empowered.

SIGNATURE:

CARCO A VARCA)