

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90004 049 *****8.75

05-14-1999 90004 050 ***150.00

DOCUMENT # P95000086677

1. Corporation Name

DULCE ENTERPRISES, INC.



Principal Place of Business
341 S STATE ROAD 7 (441)
PLANTATION FL 33317

Mailing Address
341 S STATE ROAD 7 (441)
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

65-0639200

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

9. Name and Address of Current Registered Agent

CARBO, DULCE
341 S STATE ROAD 7 (441)
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name JORGE A. CARRODEGUAS

82 Street Address (P.O. Box Number is Not Acceptable)
22864 MARKHAM WAY

83 BOCA RATON

84 City FL 85 Zip Code 33428

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME CARBO, DULCE
STREET ADDRESS 341 S STATE ROAD 7 (441)
CITY-ST-ZIP PLANTATION FL 33317

TITLE VPD ☒ DELETE

NAME PALACIO, ROBERTO
STREET ADDRESS 341 S STATE ROAD 7 (441)
CITY-ST-ZIP PLANTATION FL 33317

TITLE TD ☒ DELETE

NAME PALACIO, MARIA
STREET ADDRESS 341 S STATE ROAD 7 (441)
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME JORGE A. CARRODEGUAS
1.3 STREET ADDRESS 22864 MARKHAM WAY
1.4 CITY-ST-ZIP BOCA RATON FL 33428

2.1 TITLE VPD ☐ Change ☒ Addition

2.2 NAME OSCAR CONCA
2.3 STREET ADDRESS 2023 NW 45 AVE
2.4 CITY-ST-ZIP COCONUT CREEK FL 33066

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE A. CARRODEGUAS 4/12/99 (954) 583-7933

Date

Daytime Phone #

CR2E034 (11/98)

02987396