

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088092 (8)

1. Corporation Name:

CARRILLO ENTERPRISES INC.



Principal Place of Business

Mailing Address

403 LUZON AVENUE
NAPLES FL 33962

403 LUZON AVENUE
NAPLES FL 33962

3. Date Incorporated or Qualified
11/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 5690 WAXMYRTLE WAY

2a. Mailing Address

26 5690 WAX MYRTLE WAY

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

23 NAPLES, FL

27 City & State

28 NAPLES, FL

24 Zip 33942

25 Country COLLIER

29 Zip 33942

30 Country COLLIER

4. FEI Number
65-0624205

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CARRILLO, LUIS JR
403 LUZON AVENUE
NAPLES FL 33962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5690 WAX MYRTLE WAY

83

84 City NAPLES

FL

85 Zip Code 33942

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 (type for printed name of registered agent and the applicable)

(NOTE: Registered Agent signature required when handing in)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PST
STREET ADDRESS CARRILLO, LUIS JR
CITY-ST-ZIP 5690 WAXMYRTLE WAY
NAPLES, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition
22 NAME VP
23 STREET ADDRESS CARRILLO, YVETTE
24 CITY-ST-ZIP 5690 WAXMYRTLE WAY
NAPLES, FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LUIS CARRILLO JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/96 941-514-3488

CR2E034 (3/96)