FILED

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000088092

1. Corporation Name

CARRILL	O ENTERPRISES INC.			
Principal Place of Business Mailing Address		Mailing Address		ואפו ויפון שונים מוופס ווופס וופס ווופס וופס
		7840 SW 161ST ST		
MIAMI FL 33157-735 MIAMI FL 33157-735				DO NOT WIDITE IN THIS SPACE
us us			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
}				11/16/1995
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number - Applied For
21	ideo di Badiness	26		65-0624205 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, et		Suite, Apt. #, etc.		\$8.75 Additional
22 27		27		5. Certificate of Status Desired Fee Required
City & State City & S		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ▼Yes □ No
24	25	29 3	·0[Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
CARRILLO, LUIS JR				
7840 SW 161ST ST			82 Street A	ddress (P.O. Box Number is Not Acceptable)
MIAMI FL 33157-3735			83	
ļ				
			84 City	FL 85 Zip Code
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 as	<u> </u>	egistered Agent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PST	AND DIRECTORS	1.1 TITLE	☐ Change ☐ Addition
NAME	CARRILLO, LUIS J		1.2 NAME	
STREET ADDRESS	7840 SW 161ST ST		1.3 STREET ADDRESS	,
CITY-ST-ZIP	MIAMI FL 33157-3735		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARRILLO, YVETTE		2.2 NAME	
STREET ADDRESS	7840 SW 161ST ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157-3735		2. 4 CITY-ST-ZIP	·
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			34. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETÉ	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	•
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	İ

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 the 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 trusted empowered to exempt 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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: LUIS CARRILLO SIGNATURE AND TYPED OR PRINTED

456-208