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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9500089115 (6)

FILED Apr 09 1998 8:00am Secretary of State

THE CA	RMEN GEORGINA CORPO	RATION			
Principal Place	e of Business	Mailing Address			
6821 SW 147TH AVENUE		6821 SW 147TH AVENUE			
APT. 2E		APT. 2E			
MIAM FL 33193		MIAMI FL 33193			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a, Mailing Address			11/20/1995 4. FEI Number Applied For
21 26		├ ¬ ~ ~			65-0628525 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CR 75 Additional
27		27			5. Certificate of Status Desired Fee Required
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	itry	8. This corporation owes or has pald the current year Intangible
24	9. Name and Address of Curren		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		r negistered Agent	- 1,	Name	
	BER, EILEEN				
922 N. KROME AVENUE MIAMI FL 33193			1	32 Street	et Address (P.O. Box Number is Not Acceptable)
			t	33	
			L		
			'	City	FL 85 Zip Code
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 provided name of registered agent and links if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TOTA	E	☐ Change ☐ Addition
NAME	SONNENBERG, HAROLD		1.2 NAN	AE .	
STREET ADORESS	6821 SW 147TH AVENUE, AP	T. 2E	ľ	EET ADDRESS	S
CITY-ST-2IP	MIAMI FL 33193	DELETE		/-ST-ZIP	Change Addition
TITLE	PD	["] DETELE	2.1 TITL		Change L. Addition
NAME Street address	SONNENBERG, HAROLD 6821 SW 147TH AVENUE, AP	TAE	2.2 NAM	AE EET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	1. 20		Y-ST-ZIP	,
TITLE	MID WILL CO 180	☐ DELETE	3 1 TIFL		☐ Change ☐ Addition
NAME			3.2 NAN		
STREET ADDRESS			3.3 STR	EET ADDRESS	s
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		DELETE	4.1 TITL		Change Addition
NAME			4. 2 NA	ME	
STREET ADDRESS			4.3 STR	EET ADDRESS	s
CITY-ST-ZIP			4.4 CITY	r-ST-ZIP	
TITLE		☐ DELETE	5.1 TITE	E	Change Addition
NAME			5.2 NAN	(E	
STREET ADDRESS			53 STR	EET ADDRESS	s [
CITY-ST-ZIP			5.4 CIT	(-ST-ZIP	j

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.

6.3 STREET ADDRESS

DELETE

SIGNATURE: Havold formulary

NAME STREET ADDRESS

4-7-98

305-3F3-8/31

Addition