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 # P95000096120

CARO INVESTMENTS INC.

Principal Place of Business								
12555	RIS	CAYNE	RI VD	#460				

Mailing Address

12555 BISCAYNE BLVD. #460

FILED

03-04-1999 90189 026 ***150.00

|--|

NORTH MIAMI FL 33181			NORTH MIAMI FL 33181				DO NOT WRITE IN THIS SPACE					
							3. Date Incom	porated or Qualife		· •	-	
2 Principal Pl	lace of Business		2a, Mailing Address				4. FEI Numbe				Applied For	
21			26				65-06273	365			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	1.1	of Status Desired		\$8.7	5 Additional	
22			27			1	5. Certificate C	JI Status Desired		Fee	Required	
City & State	e		City & State				6. Election Ca	mpaign Financin	9 🗆	\$5.0	0 May Be	
23			28				Trust Fund	Contribution		Adde	d to Fees	
Zip		Country	Zip	Coun	try		8. This corpor	ation owes the cu	irrent year Int			
24	25	_	29 3	10				roperty Tax.		Yes	□No	
	g. Name and	Address of Curre	nt Registered Agent		- 1-		10. Name and	Address of Nev	Registered	Agent		
0.15] '	B1 Name	CAI	20 M	AMA.			ļ	
	O, IVAN				32 Street	Address	(P.O. Box Nu		otable)			
	5 BISCAYNE E			ľ	~ ~~(2	222	BUCAY	mber is Not Acce	# 46	<u> </u>		
NOR	th Miami FL 3	33181		[-	83						Ì	
				-	B4 City					85 Z	in Code	
					N	OUTH	MIAM	ı	FL		ip Code 33 18 /	
11. Pursuant office or n	to the previsions	of Sections 607.05 or both, in the State	02 and 607.1508, Florida Statutes of Florida, Such change was au ations of, Section 607.0505, Florid	s, the ab horized da Statu	ove-named by the corp	corpora coration's	tion submits the board of direc	is statement for the tors. I hereby according				
SIGNATURE	Şignatiye, typed or pri	idel Ca	Imen ad.			required wh	nen reinstating)		DATE DATE	16-7	25	
12.	01		ND DIRECTORS	13.			ADDITIONS	CHANGES TO	FFICERS AN			
TITLE	PD		. vclete	1.1 TITL	E	PD.				Chang	ge 🔲 Addition	
NAME	CARO, IVAN			1.2 NAA	ŧE.	CAR	LO MAR	(A)				
STREET ADDRESS		TONE TERRACE		1.3 STR	EET ADDRESS	1310	1 KEYSTO	WE TERM	.		}	
CITY-ST-ZIP	NORTH MIAN	/II FL 33181		1.4 CIT	(-ST-ZIP	Neve	MEIM UT	, - FL 33	181			
TITLE	SD	-	☐ DELETE	2.1 TITL	E	T				Chan	ge 🔲 Addition	
NAME	CARO, MARI	A		2.2 NAA	Æ							
STREET ADDRESS	13105 KEYS			2.3 STF	EET ADDRESS	;						
CITY-ST-ZIP	NORTH MIAN	_		2.4 CIT	Y-ST-ZIP	-	-					
TITLE	TD		☐ DELETE	3.1 TITL	E					Chan	ge 🔲 Addition	
NAME	CARO, ALBE	RTO		3.2 NAM	Æ						ľ	
STREET ADDRESS		TONE TERRACE		3.3 STR	EET ADDRESS	3					Į	
CITY-ST-ZIP	NORTH MIAN				Y-ST-ZIP			_				
TITLE			☐ DELETE	4.1 TITL		T			•	☐ Chan	ge 🔲 Addition	
NAME				4. 2 NA	MÉ							
STREET ADDRESS				4.3 STF	REET ADDRESS	3						
CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP			_				
TITLE			☐ DELETE	5.1 TM	E					Chan	ge 🔲 Addition	
NAME.				5.2 NAM	/E						1	
STREET ADDRESS				5.3 STF	EET ADDRESS	3					Ì	
CITY-ST-ZIP	1			5.4 CIT	Y-ST-ZIP							
TITLE			☐ DELETE	6.1 TITL	E					Chan	ge 🗀 Addition	
NAME	ĺ			6.2 NA	Æ						l	
STREET ADDRESS				6.3 STF	EET ADDRESS	3					1	
OTTY OT ZID				6.4 CIT	Y-ST-ZIP	1						

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: