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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000059224 (1)

KARTMAX CORP.

Principal Place of Business		Mailing Address		(מוקבה מווסט ווונסט וזווים טווטיו טוא מקבומטבר ה	DDADA DANIQ EQUAD ARDIA DIQUA DIQUA	
12328 SOUTHWEST 94TH TERRACE MIAMI FL 33186		12328 SOUTHWEST 94TH TERRACE MIAMI FL 33186		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
3 5 1 1 1 5		10-11-25-4-14			07/11/1996	
_ `	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		65-0696065	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
			& 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 or has paid	_ · _ ·
24	25	29	30		Personal Property Tax due June 3	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Reg	istered Agent
MASTRIANA, F.R.			01	INGILIO		
2750 NORTH FEDERAL HIGHWAY			82	Street Ado	iress (P.O. Box Number is Not Acceptable	6)
FORT LAUDERDALE FL 33306			83			
			84	City		FI 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 age	er and tille if applicable (NO	II Registered Age	int signature requ	red when reinslating)	DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	DE NIS, CARL P		1.2 NAME			
STREET ADDRESS	12328 SW 94TH TR.		1,3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	T7 55/5-5	1,4 CITY-S	T-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE			Change L Addition
NAME	MANFREDI, LUDOVICO	10P	2.2 NAME			
STREET ADDRESS	1541 BRICKELL AVENUE, #23 MIAMI FL 33129	300	2.3 STREET	1		
CITY-ST-ZIP TITLE	TS	DELETE	2. 4 CHTY-5 3.1 TITLE	51 - ZIP		Change Addition
NAME	TOPIOL, NICOLAS		3.2 NAME			
STREET ADDRESS	151 CRANDON BLVD, #141		3.3 STREET	ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		3.4. CITY - 9			
TITLE	DELETE		4.1 TITLE	TITLE Change Addit		Change Addition
NAME			4, 2 NAME	i		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		L DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	ļ		
STREET ADDRESS			5.3 STREET	1		
CITY-ST-ZIP		DELETE	5.4 CITY-S	T-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TATLE			☐ Change ☐ Addition
NAME PROCES ADDITION			6.2 NAME	4000550		
STREET ADDRESS	D ₁		6.3 STREET			
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify	6.4 CITY-S for the exemp	lion stated in	Section 119.07(3)(i), Florida Statutes. I fu	urther certify that the information
indicated on this annual report or supply hental annual report of 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 life received or trustee in powered 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 all attachment with an address:						