

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 # P97000014374

1. Corporation Name

INVERSIONES CARONI CORPORATION

Principal Place of Business

7963 N.W. 64TH STREET  
MIAMI FL 33166

Mailing Address

7963 N.W. 64TH STREET  
MIAMI FL 33166

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90220 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

65-0727934

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HERNANDEZ, ADAM  
7963 N.W. 64TH STREET  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name MICHAEL KOBIKOV

82 Street Address (P.O. Box Number is Not Acceptable)  
907 HUNTING LODGE D2

83

84 City MIAMI SPRINGS

FL

85 Zip Code 33166

11. Pursuant to the provisions of Sections 607.0602 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KOKIAKOV, MICHAEL  
STREET ADDRESS 7963 NW 64TH ST  
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE D  
NAME RODRIGUEZ, JOSE  
STREET ADDRESS 7963 N.W. 64TH STREET  
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE D  
NAME SCHAEFFER, HELMUT  
STREET ADDRESS 7963 NW 64TH ST  
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE D  
NAME GARCIA, VICTOR  
STREET ADDRESS 7963 N.W. 64TH STREET  
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB. 10. 1999.

CR2E034 (11/98)