SECOND MOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

APT #612 MIAMI FL 33129

1865 BRICKELL AVE.

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

612A

CARBO, RAMON

7724 NW 64 ST, 2ND FL **MIAMI FL 33166**

Suite, Apt. #, etc.

City & State

Zip

1865 BRICKELL AVE.

APT #612

21

22

24

MIAMI FL 33129



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Country

81 Name

82

83

30

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031379

Country

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

RAICAR ENTERPRISES, INC.

Aug 23, 1999 8:00 am Secretary of State 08-23-1999 90008 048 ***150.00

DO NOT WRITE IN THIS SPACE

65-074183

ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12

Not Applicable \$8.75 Additional Fee Required

Applied For

\$5.00 May Be Added to Fees

⊠ No

Yes

10. Name and Address of New Registered Agent

Zip Code

84 City MIAMI 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.

3. Date Incorporated or Qualified

04/07/1997 4. FEI Number

APPLIED FOR

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year

Intangible Personal Property.

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

612A

(NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	CARBO, RAMON		1.2 NAME	
STREET ADDRESS	1865 BRICKELL AVE. #612		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	CARBO, ILVA		2.2 NAME	
STREET ADDRESS	%7724 NW 64 ST, 2ND FL		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL.33166		2.4 CITY-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE	Change Addition
NAME	CARBO, LUIS		3.2 NAME	
STREET ADDRESS	%7724 NW 64 ST, 2ND FL		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166		3.4 CiTY-ST-ZIP	
TITLE		DELETE	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	
STREET ADDRESS			6 3 STREET ADDRESS	
City-ST-ZIP			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 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 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 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 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 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 Director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. in Block 12 or Block 13 if chan

RAMON CARBO

CR2E034 (5/99)

FELIPE R. RUIZ

CERTIFIED PUBLIC ACCOUNTANT CERTIFIED FAMILY MEDIATOR 8390 W. FLAGLER STREET, SUITE 219 MIAMI, FL. 33144 TEL. (305) 552-9048 FAX. (305) 559-4094 EMAIL:FRUIZCPA@AOL.COM

P97000031379

August 16, 1999

.. -

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Re: Raicar Enterprises, Inc. P97000031379

Enclosed is the above referenced taxpayer's Profit Corporation Annual Report, for 1999, and a check for \$150.00. Please also note address change on the form.

Around April of 1999 the officers of the above referenced corporation contacted your office and requested that the Annual Reports be sent to their owner's address in Barranquilla, Colombia. Your form was received two and a half months later. A check was promptly issued and sent to the State of Florida. This check was not received by you.

It was not the intention of the taxpayer to pay late. We respectfully request that you accept the \$150.00 filling fee and waive any penalties assessed.

Sincerely,

Felipe R. Ruiz