

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90080 019 ***150.00

0507276

DOCUMENT # P97000035294

1. Corporation Name

ALBA CARVAJAL, P.A.



Principal Place of Business

3243 BREWSTER DRIVE
KISSIMMEE FL 34743

Mailing Address

3243 BREWSTER DRIVE
KISSIMMEE FL 34743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

59-3442371

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 1563 GLENHAVEN

2a. Mailing Address

26 1563 GLENHAVEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OCOEE FL

City & State

28 OCOEE FL

Zip

24 34761

Country

25 U.S.

Zip

29 34761

Country

30 U.S.

9. Name and Address of Current Registered Agent

CARVAJAL, ALBA
3243 BREWSTER DRIVE
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81 Name

CARVAJAL, ALBA

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

1563 GLENHAVEN CIRCLE

83

84

City OCOEE FL

FL

85 Zip Code

34761

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

Alba C. Carvajal

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CARVAJAL, ALBA
STREET ADDRESS 3243 BREWSTER DRIVE
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ DELETE

TITLE VD
NAME ROJAS, FRANCIS
STREET ADDRESS 3243 BREWSTER DRIVE
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD
CARVAJAL, ALBA
1563 GLENHAVEN CIRCLE
OCOEE FL 34761 ☒ Change ☐ Addition

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

VD
ROJAS, FRANCIS
1563 GLENHAVEN CIRCLE
OCOEE FL 34761 ☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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:

Alba C. Carvajal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)