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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000038651 (0)

FELIPE CARMONA, P.A.

## **FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
13430 SW 54 STREET 13430 SW 54 STREET MIAMI FL 33175 MIAMI FL 33175								DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
	_							04/28/1997	
2. Principal Place of Business			2a. Mailing	2a. Mailing Address				4. FEI Number Applied For Not Applicable	
21			26						
Sulte, Apt. #, etc.			27					5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State			28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zi	P			$\vdash$	6. This corporation owes or has paid the current year Intangible				
24 25			29 30 30				Personal Property Tax due June 30. Yes No.  10. Name and Address of New Registered Agent		
B1 Name							10, Natio and Addition of the International Control		
	CARMONA, I								
13430 SW 54 STREET MIAMI FL 33175					Į.	82	Street Add	ress (P.O. Box Number is Not Acceptable)	
						83		<u></u>	
_						84	City	FL 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  Slowthure typed or printed name of recustored agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
					13.	Age	ni signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			DELETE	1.1 TITLE			Change Addition	
•		ONA, FELIPE		1.2		ME			
		SW 54 STREET			1.3 \$1	REET.	ADDRESS		
CITY-ST-ZIP MIAMI I		FL 33175			1401	14 CITY-ST-ZIP			
TITLE				DELETE	2.1 TITL€			Change Addition	
NAME					2.2 NA	ME			
STREET	T ADDRESS				2.3 ST	REET	ADDRESS		
CITY-S	ST-ZIP			PICLETE	2.40		ST-ZIP	Change Addition	
TITLE				<del></del> -		3.1 TITLE 3.2 NAME		Change C Routeur	
NAME							YULDECC.		
STREET ADDRESS CITY-ST-ZIP				3.4.0			ADDRESS		
TITLE	51-4IY			DELETE	4.1 11		21 - 4-11	☐ Change ☐ Addition	
NAME					4. 2 N				
	T ADDRESS				4.3 ST	REET	ADDRESS		
CITY -	1				4.4 CI	TY-S	T-ZIP		
TITLE				☐ DELE <b>te</b>	5.1 1(1	TLE		Change Addition	
NAME					5.2 NA	ME			
STREE	T ADDRESS				5.3 Sf	REET	ADDRESS		
CITY-ST-ZIP						CITY-ST-ZIP			
TITLE				DELETE	6.1 Tr			Change Addition	
NAME					6.2 NA				
	TADDRESS						ADDRESS		
CITY-	ST-ZIP	the information are = 1	ind with this filing of	6.4 CITY-ST-ZIP				n Section 119 07(3Vi) Florida Statutes 1 further cartify that the information	
14.	i nereby centify that t	me mornation suppl	neu with this hindy oc	ie true and ac	curata an	anipi di the	at mu einnati	n Section 119.07(3)(i), Florida Statutes. I further certify that the information use shall have the same legal effect as if made under oath; that I am an	

Integrate the and accurate and that my signature shall have the same legal effect as it made under oain, macrain a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in willy anaddress.