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 # **P97000049966**1. Corporation Name

CALWELL, INC.

District Disease of Discipance

Mailing Address

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90030 003 ***150.00



2431 SW 24TH ST. MIAMI FL 33145		2431 SW 24TH ST. Miami FL 33145				DO NOT WINT	- 151 #1110	ODAGE		
						DO NOT WRIT	E IN THIS	SPACE		
						3. Date Incorporated or Qualifed 06/05/1997				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		-~ · A	pplied For	
21	100 01 010	26				65-0810968		N	ot Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc	· <u>-</u>					\$8.75	Additional	
22	,	27				5. Certifcate of Status Desired		Fee R	equired	
City & Stat	e '	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	-			_ Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	intry	<u>-</u> -	8. This corporation owes the curre	nt vear Int	angible		
24	25 29 30		30	I .		•	Personal Property Tax.			
241	9. Name and Address of Curre		1001	T		10. Name and Address of New R	egistered	Agent		
	or Hamo and Hamous or our			81	Name					
RAM	ION, MARIA									
2431 S.W. 24TH STREET				82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
MIAI	MI FL 33145	•		83			_			
	•									
				84	City		FL	85 Zip	Code	
	60.00	00 CO7 4500 Flide 6	Statutas the e	<u> </u>	nomed come	eration submits this statement for the		changing its	s registered	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	e of Florida. Such change	vas authorized	d by ti	the corporation	oration submits this statement for the parties board of directors. I hereby accept	t the appoi	ntment as r	egistered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.050	5, Florida Stati	utes.				•		
SIGNATURE									{	
	Signature, typed or printed name of registered ag		(NOTE: Registered	Agent :	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ID DIRECTO	7PS IN 12	
12.		ND DIRECTORS		T. C		ADDITIONS/CHANGES TO OTT	IOLINO AI	Change	Addition	
TITLE	D DANGE MARIA	□ vece						onango		
NAME	RAMON, MARIA		1.2 NA	AME						
STREET ADDRESS									j	
	1		1.3 ST	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33145		1.4 CF	TY-ST-						
CITY-ST-ZIP TITLE	MIAMI FL 33145		1.4 CF	TY-ST-				Change	Addition	
	MIAMI FL 33145		1.4 CF	TY-ST-				Change	☐ Addition	
TITLE	MIAMI FL 33145 D CABRERA, ALBERTO J	. DELE	1.4 CF TE 2.1 TF 2.2 NA	TY-ST- TLE AME				Change	Addition	
TITLE NAME	MIAMI FL 33145 D CABRERA, ALBERTO J	. DELE	1.4 CF TE 2.1 TF 2.2 NA 2.3 ST	TY-ST- TLE AME	-ZIP ADDRESS			,		
NAME STREET ADDRESS	MIAMI FL 33145 D CABRERA, ALBERTO J 2431 SW 24TH ST	. DELE	1.4 CF TE 2.1 TF 2.2 NA 2.3 ST 2.4 C	TTY-ST- TLE AME TREET A	-ZIP ADDRESS	·		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33145 D CABRERA, ALBERTO J 2431 SW 24TH ST	_	1.4 CF TE 2.1 TT 2.2 NA 2.3 ST 2.4 C	TTY-ST- TLE AME TREET A STY-ST	-ZIP ADDRESS	·		,		
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	MIAMI FL 33145 D CABRERA, ALBERTO J 2431 SW 24TH ST	_	1.4 CF TE 2.1 TF 2.2 NA 2.3 ST 2.4 CF TE 3.1 TF	TTY-ST- TLE AME TREET / STY-ST TLE AME	-ZIP ADDRESS			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL 33145 D CABRERA, ALBERTO J 2431 SW 24TH ST	_	1.4 CF TE 2.1 TF 2.2 NA -2.3 ST 2.4 C TE 3.1 TF 3.2 NA 3.3 S1	TTY-ST- TLE AME TREET / STY-ST TLE AME	ADDRESS F-ZIP ADDRESS			,		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL 33145 D CABRERA, ALBERTO J 2431 SW 24TH ST. MIAMI FL 33145	DELE	1.4 CF TE 2.1 TT 2.2 NA -2.3 ST 2.4 C TE 3.1 TT 3.2 NA 3.3 ST 3.4 . C TE 4.1 TT 4.2 NA 4.3 ST	TY-ST- TLE AME TREET / TLE AME TREET / TTY-ST- TLE ITY-ST- TLE IAME ITY-ST- TLE IAME ITREET /	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		- Cha	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL 33145 D CABRERA, ALBERTO J 2431 SW 24TH ST. MIAMI FL 33145	□ DELE	1.4 CF TE 2.1 TT 2.2 NA 2.3 ST 2.4 CC TE 3.1 TT 3.2 NA 3.3 ST 3.4 . C TE 4.1 TT 4.2 NA 4.3 ST 4.4 CF TE 5.1 TT 5.2 NA 5.3 ST	TTY-ST- TILE AME TREET / TILE TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	MIAMI FL 33145 D CABRERA, ALBERTO J 2431 SW 24TH ST. MIAMI FL 33145	□ DELE	1.4 CF TE 2.1 TT 2.2 NA 2.3 ST 2.4 CF TE 3.1 TT 3.2 NA 3.3 ST 3.4 CF TE 4.1 TT 4.2 NA 4.3 ST 4.4 CF TE 5.1 TT 5.2 NA 5.3 ST 5.4 CF	TTY-ST- TILE AME TREET // TILE AME TREET // TILE AME TREET // TILE AME TREET // TITY-ST- TILE TREET // TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS			☐ 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE