## 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

P97000063318 (4) DOCUMENT #

CARLOS GARCIA AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

975 ME 72 TERRACE

375 NE 72 TERRACE

## **FILED** May 01 1998 8:00am Secretary of State



MIAMI FL 331	MIAMI FL 33138				DO NOT INDITE IN THIS OPAGE	
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
						07/22/1997
2. Principal Pl	2a. Mailing Address				4. FEI Number Applied For	
21 375 I	NE 72 TERR MIAMI	26 1000 W ISLAND BLVD			LVD_	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc. 27 #2009				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23 MIAM	I FLORIDA	28 AVENTURA	FLOR	ID	4	Trust Fund Contribution Added to Fees
Zip	Country	Ζφ		Country		8. This corporation owes or has paid the current year Intangible
24 33138		33160	30	DΑΙ	Œ	Personal Property Tax due June 30. Yes No
	g, Name and Address of Current	Hegistered Agent	<del>_</del>	B1	Name	10. Name and Address of New Registered Agent
LEONARDO F BRITO PA					ivanie	
	15 NW 155 STREET STE B IMIFL 33016			82 Street Addre		Address (P.O. Box Number is Not Acceptable)
	12 00010			83		
				84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	iles, 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 manie of registered agent	and trile if applicable (NO	Tt Registe	red Ager	nt signature	required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Б	XX DELETE	1.1	TITLE		☐ Change ☐ Addition
NAME	Garcia, Carlos e	••	1.2	NAME		<u> </u>
STREET ADORESS			1.3	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		1.4	1.4 CITY-ST-ZIP		
TITLE	D	DETELE	2.1 TITLE		i	PRESIDENT Expenses and Addition
NAME	GRATTAGLIANO, CLARA		2.2	2.2 NAME		
STREET ADDRESS 1000 W ISLAND BLVD #2009					ADDRESS	GRATTAGLIANO CLARA ZIR_33180
CITY-ST-ZIP			2. 4 City-St-ZiP		T-ZIP	1000 W ISLAND BLVD #2009 AVENTURA
TITLE	GRUENBERG, SYLVIA	XX Offer	V.V.		i	Cflange LJ Addition
NAME Street address	ches bit for Asia Bit to Hanco			NAME CTOSS 7	ADDDECC.	
	AMENITATION FL 00400			3.3 STREET ADDRESS 3.4, CITY-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE 4,1T			( - ZIP	Change Addition	
NAME		<del></del>	4.2	NAME	·	
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-ZIP			4.41	CITY-ST	- ZIP	
TITLE		DELETE	5.1	TITLE		Change Addition
NAME			5.2	NAME	i	
STREET ADDRESS			5.3	STREET	ADDRESS	
CITY-ST-ZIP			5.41	CITY-ST	- ZIP	
TITLE		L] DELETE	6.1	TITLE		Change Addition
NAME				NAME	j	
STREET ADDRESS			6.3	STREET	ADDRESS	
CITY-ST-ZIP	adification information according	this files does not		CITY-SI		and in Contine 110 07(2Vi) Florida Ctatutes / further cartify that the information
14. I hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i). Plorida 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.						

PRESIDENT