

FILE NOW: FILING FEE AFTER MAY 1 IS \$350.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morikawa
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P97000073958
1. Corporation Name

Karmita Corporation

98 FEB -6 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
445 Grand Bay Drive Unit 503 Key Biscayne, FL 33149		445 Grand Bay Drive Unit 503 Key Biscayne, FL 33149	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 445 Grand Bay Drive	26 445 Grand Bay Drive	08/26/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 Unit 503	27 Unit 503	58-2363266	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Key Biscayne, FL	28 Key Biscayne, FL	☐	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	☐
24 33149	25 USA	29 33149	30 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

George Befeler
100 Southeast 2nd Street
Suite 3700
Miami, Florida 33131

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	300002429083-2
84 City	-02/12/98-01081-003 ****150.00 FL ****150.00

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

2/5/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	Raul Camero	1.2 NAME	Ilse G. Traulsen
STREET ADDRESS	445 Grand Bay Drive, #503, Key Biscayne	1.3 STREET ADDRESS	445 Grand Bay Drive, Unit 503
CITY-ST-ZIP	Florida, 33149	1.4 CITY-ST-ZIP	Key Biscayne, Florida 33149
TITLE	D	2.1 TITLE	D
NAME	Luis R. de los Heros	2.2 NAME	Viviane G. de los Heros
STREET ADDRESS	445 Grand Bay Drive, #503	2.3 STREET ADDRESS	445 Grand Bay Drive, Unit 503
CITY-ST-ZIP	Key Biscayne, Florida 33149	2.4 CITY-ST-ZIP	Key Biscayne, Florida 33149
TITLE		3.1 TITLE	D
NAME		3.2 NAME	Constanza G. Boster
STREET ADDRESS		3.3 STREET ADDRESS	445 Grand Bay Drive, Unit 503
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Key Biscayne, Florida 33149
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: X

Signature typed or printed name of signing officer or director

Ilse G. Traulsen, Director

2/5/98

CR2E034 (9/96)