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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DÉPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700089767
1. Corporation Name
Car: blean Headquarters & Associates Frc.

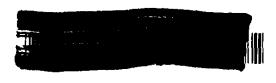
Principal Place of Business

Mailing Address

3901 SW 47 Are , Ste 408

15814 NW 16 Street

FILED May 26 1998 8:00am Secretary of State



Et. Co.	udendale, Fl. 3	en! Pem!	broke P	ma F	z ₁ .	330	20	DO NOT WRIT	E IN THIS	SPACE		
1 (1 000	waster of the G	3314		·, •	•		~	3. Date Incorporated or Qualified				
								10 20 197				
2. Principal P	lace of Business	2a. Mailin	g Address					4. FEI Number			Applied For	
21		26	· · · · · · · · · · · · · · · · · · ·					FF8F0-23	89		Not Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.					5. Certificate of Status Desired Section Secti				
City & State	е	}	City & Stafe					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country Zip			Cour	Country			8. This corporation owes or has p				
24	25	29		30		- 1	Personal Property Tax due Jun	_	Yes	DZ/No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered					<i></i>	
						81 Name						
39	101 SW 47 Ave	ste 408		}	-		A =d =1 = = =	/D.O. Day March as In Alex Accords	- lala			
	Condudale Fl			İ	82	Street #	NGG105	s (P.O. Box Number is Not Accepta	iDIE)			
		- ' '		t	83							
I		>										
ı					84	City			FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections	607.0502 and 607.150	8. Florida Statut	es, the ab	L.	named	COLDO	ation submits this statement for the		f changin	a its registered	
office or r	egistered agent, or both, in t	he State of Florida, Suc	th change was a	authorized	by i	the corp	oration	ation submits this statement for the n's board of directors. I hereby acce	opt the app	ointment	as registered	
		_	on 607.0303, Fit	Dilua Stati	nes.			ال	2-60			
SIGNATURE	Signature, typied or printed marrier of rec	pistered agent of title if applica	ble (NOT	E Registered	Agent	t signalure	required	when reinstaling)	DATE DATE			
12.		ERS AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN 12	
TITLE	P.		DELETE	1.1 117	LE		V P			Chang	ge 🕍 Addition	
NAME	FH WE 10 PE	tingo.		1,2 NA	ME	ŀ	Jose	ephine Santiago				
STREET ADDRESS	FH WE 1088	Aves Ste 408	3 '	1,3 ST	REET A	ODRESS	340	SW 47 Ave, Ste	408			
CITY-ST-ZIP				1.4 CITY -				Comburdale, Fl. 3		l		
TITLE			DELETE	2.1 TIF						Chang	e Addition	
NAME	٠, .			2.2 NA	ME	J						
STREET ADDRESS				2,3 STF	REET A	DDRESS						
CITY-ST-ZIP				2.4 CF	TY-SI	-ZIP						
TITLE			DELETE	3.1 TIT	LE					Chang	e Addition	
NAME				3.2 NA	ME	- 1						
STREET ADDRESS				3.3 STF	REET A	DDRESS						
CITY-ST-ZIP				3.4. CI		į						
TITLE			DELETE	4.1 10						☐ Chan	e Addition	
NAME				4, 2 NA	WE	-						
STREET ADDRESS				4.3 STF	REET A	ODRESS						
CITY-ST-ZIP				4.4 CIT								
TITLE	·		DELETE	5.1 111						Chang	e Addition	
NAME				5.2 NA	ME			7000025 3 -05/28/98010	382	87		
STREET ADDRESS				1		DDRESS		-05/28/98010)160	24		
CITY-ST-ZIP				5 4 CIT				***450 . 00				
TITLE			DELETE	6.1 7/11						Chang	e Addition	
NAME				6.2 NA	ME					•	NI.	
STREET ADDRESS						DDRESS					1, 5/3	
CITY-ST-ZIP				64 CIT							1 7	
	sertify that the information sur	anlied with this filing do	es not quality for				d in Se	ection 119.07(3)(i), Florida Statutes.	Liurther ce	rtify that	the information	

4. I nereby certify that the information supplied with this filling 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 eath; 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: Dantos Sontiogo

4/30/9R