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PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P98000007477

FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

1999

CORINNE CORPORATION

1. Corporation Name

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90134 016 ***150.00

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Mailing Address Principal Place of Business 7378 SW 42ND STREET 7378 SW 42ND STREET MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/23/1998 FEI Nu nber App ied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Acditional 5. Certifc; te of Status Desired Fee Required 27 22 City & State City & S ate 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year intaggible Zip ſΠNo Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CARO, JUAN RENE JR Street Address (P.O. Box Number is Not Acceptable) 82 7378 SW 42ND STREET **MIAMI FL 33155** 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTH: Registered Agent signature required when reinstating) Signature, typed or printed naine of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE TITI.F CR2E034 CARO, JUAN RENE JR 1.2 NAME NAME 15234 SW 146 ST. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33196** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 21 TITLE Change TITLE CARO, JUAN RENE SR 2.2 NAME NAME 13347 SW 36TH ST. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE CARO. TERESITA 3.2 NAME NAME 13347 SW 36TH ST. STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33175** 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 2 or Block 13 if changed, or on an attact ment with an address, with all other like empowered.

SIGNATURE: