## 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 # **P98000025222**1. Corporation Name

CAROLINA & COMPANY, INC.

Principal	Place o	of Business
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Mailing Address

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90180 005 \*\*\*150.00

5651 SW 88TH AVE MIAMI FL 33173		5651 SW 88TH AVE MIAMI FL 33173				DO NOT WRITE IN THIS SPACE						
			<u> </u>	كتوب سيود		Date Incorp 03/16/19		Qualifed	<del></del>			
2. Principal Pla	ace of Business	2a. Mailing Address		-		FFI Numbe	er .	200	 7/		pplied For	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		<del></del>	5.	Certifcate of				\$8.75	Additional Required	
City & State	•	City & State				Election Ca Trust Fund		_			May Be I to Fees	] ;
Zip	Country 25	Zip 3	Cou	ntry		This corpor Personal P			nt year Inta	angible Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			10.	Name and	Address	of New Re	gistered.	Agent		
RAMI	REZ, YUCELIN S			81 Name		66iE		RCIA	<del></del>			
	SW 88TH AVE fi FL 33173			82 Street	Address (P. 565)	1 50		88 A	re .		~~~···	-
				84 City	Miam	ı'.			FL	85 Zip	Code 3/73	
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office or re agent. Laf	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the obliga	02 and 607.1508, Florida Statutes of Florida. Such change was aut attons_of_Section:607:0505_Elori	s, the a thorized da:Stati	by the corporates	oration's boa	ard of direc	tors. I here	by accept	the appoil	ntment as r	egistered	= ==
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: F	Registered	Agent signature r	equired when re	instating)			Y-(9	1-97	<u>.                                    </u>	] 6
12.	OFFICERS AI	ND DIRECTORS	13.			DDITIONS	/CHANGE	S TO OFF	CERS AN		ORS IN 12	1 5
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STREET ADDRESS			6.3 ST	REET ADDRESS								
CITY OF 7ID				Y-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 truefee 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.

SIGNATURE: