09081999-90010-044-$550.00-$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 27 AM 9:40

DOCUMENT #: P98000033965

Corporation Name
CARRANZA, INC.

Principal Place of Business	Mailing Address
965 SE 134TH AVE EIRSDALE FL 32195	15965 SE 134TH AVE WEIRSDALE FL 32195

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1998

4. FEI Number: 59-3506687 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property. ☒ Yes ☐ No

Principal Place of Business	2a. Mailing Address (26)
Suite, Apt. #, etc.	Suite, Apt. #, etc. (27)
City & State	City & State (28)
Zip — Country (25)	Zip — Country (29, 30)

9. Name and Address of Current Registered Agent

CARRANZA, JOSE ANTONIO
15965 SE 134TH AVE
WEIRSDALE FL 32195

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: Jose Antonio Carranza — 9-299
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TE IE EET ADDRESS ST-ZIP	PD ☐ DELETE CARRANZA, JOSE ANTONIO 15965 SE 134TH AVE WEIRSDALE FL 32195	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TE IE EET ADDRESS ST-ZIP	VSTD ☐ DELETE CARRANZA, DOROTHY O 15965 SE 134TH AVE WEIRSDALE FL 32195	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TE IE EET ADDRESS ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TE IE EET ADDRESS ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TE IE EET ADDRESS ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TE IE EET ADDRESS ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED — 9/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jose Antonio Carranza