

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90149 039 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000045963**

1. Corporation Name

DECARLO & COMPANY, P.A. CERTIFIED PUBLIC ACCOUNTANTS

Principal Place of Business

Mailing Address

**3300 NORTHEAST 192ND STREET
SUITE 1212
AVENTURA FL 33180**

**3300 NORTHEAST 192ND STREET
SUITE 1212
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1998

4. FEI Number

65-0837588

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 1001 Brickell Bay Drive

26 1001 Brickell Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27th Floor

27 27th Floor

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Country

Zip

Country

24 33131

25

29 33131

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECARLO, MICHAEL A JR.

3300 NORTHEAST 192ND STREET

SUITE 1212

AVENTURA FL 33180

**1001 Brickell
Bay Drive
27th Floor
Miami, FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1001 Brickell Bay Drive

84 City

Miami

FL

85 Zip Code

33131

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 signature required when reinstating)

2/2/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DECARLO, MICHAEL A JR.**
CITY-ST-ZIP **3300 NORTHEAST 192ND STREET #1212
AVENTURA FL 33180**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

President
Decarlo, Michael A. Jr.
1001 Brickell Bay Drive 27th Floor
Miami, FL 33131

Secretary
Decarlo, Michael A. Jr.
1001 Brickell Bay Drive 27th Floor
Miami, FL 33131

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99
Date

305-958-9904
Daytime Phone #

CR2E034 (1/98)

0259963