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 # P98000075110 1. Corporation Name

CARELL INC.

J. 3

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90036 017 ***158.75

	I					١			١				l					li		١				١									l															
l	I	ł	IJ	1	ł	ı	l	ı	ı	1	ŀ	lì	l	ł	Į	i	I	IJ	ľ	ł	ľ	II	H		ļ	Į.	ı	ı	k	I	ï	l	ı	Ш	lľ	ı	ı	ll	ı	II	II	ı	H		I	1	l	ł

ONITELI															
Principal Place	e of Business	Mailing Address				-									
400 NORTH WE MIAMI FL 33126	ST 61ST AVENUE	400 NORTH WEST 61ST AVI MIAMI FL 33126	ENUE			DO NOT WRITE IN THIS SPACE									
	• •					3. Date Incorporated or Qualifed 08/28/1998									
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number / Applied For									
21		26				65-0860179 Not Applicable									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		_ ,	5. Certifcate of Status Desired									
City & State	в .	City & State			,	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees									
Zip	Country	Zip	Countr 30	у	-	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑⊀o									
_	9. Name and Address of Curr		<u> </u>		_	10. Name and Address of New Registered Agent									
			8.	1 N	lame										
	rilawyer		8:	3 - 6	troot Addro	ess (P.O. Box Number is Not Acceptable)									
	almeria avenue		"	٦ "	aleet Addre										
COR	AL GABLES FL 33134		8:	3	<u> </u>										
		,	8-	4 C	City	FL 85 Zip Code									
office or re agent, I a	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obli	'e of Fiorida. Such change was au	inorizea d	v ine	amed corpo corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered									
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Ag	ent sig	nature required	when reinstating) DATE									
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	PD	☐ DELETE	1.1 TITLE		į	☐ Change ☐ Addition									
NAME	trujillo, osvaldo		1.2 NAME	•											
STREET ADDRESS	400 NORTH WEST 61ST AVE	ENUÉ	1.3 STRE	ET ADI	DRESS										
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-	\$T-ZII	P										
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition									
NAME	TRUJILLO, ALICIA P		2.2 NAME	Ē	Ì										
STREET ADDRESS	400 NORTH WEST 61ST AVE	ENUE	2.3 STRE	ET ADI	DRESS	and the second s									
CITY-ST-ZIP	MIAMI FL 33126		2. 4 CITY		<u> </u>	Character Charac									
TITLE		DELETE	3.1 TITLE	•		☐ Change ☐ Addition									
NAME			3.2 NAME	•											
STREET ADDRESS			3.3 STRE	ET ADI	DRESS										
CITY-ST-ZIP			3.4. CITY-		IP	Chase CA Addition									
TITLE		☐ DELETE	4.1 TITLE		}	Change Addition									
NAME			4. 2 NAM	Ε											
STREET ADDRESS			4.3 STRE	ET AD	DRESS										

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

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

3474098

☐ Change

Change

☐ Addition

Addition