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FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S72541 (3)

1. Corporation Name
CARBI DESIGN, INC.

Principal Place of Business

335 WORTH AVENUE
PALM BEACH FL 33480
US

Mailing Address

335 WORTH AVENUE
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1991

4. FEI Number

65-0287227

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 809 N. DIXIE HWY

Suite, Apt. #, etc.

22

City & State

23 WEST PALM BEACH, FL

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 809 N. DIXIE HWY

Suite, Apt. #, etc.

27

City & State

28 WEST PALM BEACH, FL

Zip

29 33401

Country

30 USA

9. Name and Address of Current Registered Agent

M & W AGENTS INC.
9100 S DADELAND BLVD
PH I
MIAMI FL 33156

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

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPS
CARBI, ALBERTO MIGUEL
STREET ADDRESS
335 WORTH AVE
CITY-ST-ZIP
PALM BEACH FL

TITLE ☐ DELETE

NAME
DT
CONDE, LUCIA MAFRA
STREET ADDRESS
335 WORTH AVE
CITY-ST-ZIP
PALM BEACH FL

TITLE ☐ DELETE

NAME
V
MAISON, R. MARCEL
STREET ADDRESS
162 PERUVIAN AVENUE
CITY-ST-ZIP
PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
809 N. DIXIE HWY
WEST PALM BEACH, FL 33401

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
809 N. DIXIE HWY
WEST PALM BEACH, FL 33401

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
222 CHERRY LANE
PALM BEACH, FL 33480

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE R. MARCEL MAISON 02/12/98 (561) 835-4550

CR2E034 (10/97)