

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90005 023 \*\*\*150.00

0161657

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S88174

1. Corporation Name

CARLOS ALONSO & ASSOCIATES, INC.



Principal Place of Business  
2281 NW 15TH CT  
POMPANO FL 33069

Mailing Address  
2281 NW 15TH CT  
POMPANO FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/18/1991

4. FEI Number  
65-0333937

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  
21 7648 WILES Rd.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 10935 NW 41<sup>ST</sup> DRIVE  
Suite, Apt. #, etc.

22 City & State  
23 CORAL SPRINGS, FL  
Zip Country  
24 33067 25 BROWARD

27 City & State  
28 CORAL SPRINGS, FL  
Zip Country  
29 33065 30 BROWARD

9. Name and Address of Current Registered Agent

ALONSO, CARLOS A  
2281 NW 15TH CT  
POMPANO FL 33069

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
10935 NW 41<sup>ST</sup> DRIVE  
83 CORAL SPRINGS, FL  
84 City FL 85 Zip Code 33065

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 D ☐ DELETE  
NAME ALONSO, CARLOS A  
STREET ADDRESS 2281 NW 15TH CT  
CITY-ST-ZIP POMPANO FL

TITLE D ☐ DELETE  
NAME ALONSO, MYRIAM T  
STREET ADDRESS 2281 NW 15TH CT  
CITY-ST-ZIP POMPANO 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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 10935 NW 41 DRIVE  
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 954-972-8674

CR2E034 (11/98)