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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V22548

(4)

CARREN CONSULTANTS INC.

....

Mailing Address

## FILED Jan 23 1998 8:00am Secretary of State



1241 N.W. 103 AVE. 1241 N.W. 103 AVE. PLANTATION FL 33322 PLANTATION FL 33322													
FERRIAMON FE 33322									DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualified				
									03/20/1992				
2. Principal Place of Business				2a. Mailing Address			4	4. FEI Number		A	oplied For		
21				26				65-0400744		N	ot Applicable		
Suite, Apt. #. etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional		
22				27				5. Certificate of Status Desired		Fee R	equired		
City & State				City & State			6	6. Election Campaign Financing		\$5.00	Мау Ве		
23			28		_				Trust Fund Contribution.			to Fees	
Zip		Country 25	29	Zip I	-	ountry	•	8	<ol><li>This corporation owes or has per</li></ol>				
24	30				Personal Property Tax due June 30. Yes No								
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
CORPORATION COMPANY OF MIAMI						81 Name							
201 S BISCAYNE BLVD				82			Street	et Address (P.O. Box Number is Not Acceptable)					
	O MIAMI C												
MIA	AMI FL 3310	31				83							
1						84	City			FL	<b>85</b> Zip	Code	
11 Pureuant	to the provisi	lons of Sections 607.05	ing and i	SO7 1509 Florida Statut	es the	above	- named	d corporati	ion cultimite this statement for the		obonoine i	o registered	
office or re	egistered ag	ent, or both, in the Stat	e of Flor	ida. Such change was	authoriz	zed by	the cor	rporation's	s board of directors. I hereby acce	pt the appo	intment as	registered	
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	Stanature typed	or printed name of registered a	annt and tel	e if applicable (AIAT	E Booisto	sad Ann	et elementus	to anaudanal u da	nen reinstating)	DATE			
12.	digilatora, typed	OFFICERS A			13		nii signature	e required with	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	Ď			DELETE		TITLE	-	T	ADDITIONO OF BUILDING	]	Change	Addition	
NAME	ORTIZ. N	MARIO ERNESTO C			1.2	NAME					_ *		
STREET ADDRESS		ACION #546			13	STREET	ADDRESS						
CITY-ST-ZIP		YUCATAN, MEX				CITY-SI							
TITLE	D	,		☐ DELETE	_	TITLE					Change	Addition	
NAME	ORTIZ. N	MARIO ERNESTO C		<del>_</del>	2.2	NAME				_			
STREET ADDRESS	-	ACION #546					ADDRESS					1	
CITY-ST-ZIP	MERIDA.	YUCATAN, MEX				CITY-S							
TITLE	AS			☐ DELETE		TITLE	· •	<b> </b>			Change	Addition	
NAME		, esteban a.		_	ŀ	NAME				-			
STREET ADDRESS		BISCAYNE BLVD., SU	JITE 16	00			ADDRESS						
CITY-ST-ZIP	MIAMI FI	•			- 1	. CITY-S							
TITLE				DELETE	_	TITLE		1		]	Change	Addition	
NAME					4. 2	NAME		1		_	-		
STREET ADDRESS				•			ADDRESS						
CITY-ST-ZIP						CITY-ST							
TITLE				DELETE		TITLE		1		1	Change	Addition	
NAME					5.2	NAME					-		
STREET ADDRESS					5.3	STREET	ADDRESS						
CITY-ST-ZIP						CIL r-ST						1	
TITLE				☐ DELETE		TILE					Change	Addition	
NAME					6.2	NAME		1		_	=	<b>\</b>	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						CITY-ST							
2 44					0.4	J.,, 01							

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 of 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:

GOCHMUNICE GUIRED MANAGEN 1-15

1-15-98 954-452-856

CR2E034 (10/9