FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **ENVISION OF CORPORATIONS** 1998 DOCUMENT # CARLES CONSTRUCTION, INC. Principal Place of Business Mailing Address 13820 SW 28 ST 13820 SW 28 ST MIAMI FL 33175 **MIAMI FL 33175** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0394683 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 □ No Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **B1** RODRIGUEZ, JORGE E. 9192 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 **MIAMI FL 33165** 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE CARLES, REINALDO M., JR. 1.2 NAME 13820 SW 28 ST 1.3 STREET ADDRESS STREET ADDRESS MIAM) FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 61 TITLE TITLE

62 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information out is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accompanied to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

9-29-98 (905)220<

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

14. Thereby certify that the information supplied with indicated on this annual report or supplier for dependent of the corporation or the food Block 12 or Block 13 if changed, or on any artist?

CR2E034 (10/97