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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # V59308**

CARLOS	IN THE GABLES THE SALO	ON, INC.  Mailing Address		·						
-		_								
262 GIRALDA A CORAL GABLES		1625 S.W. 122 AVE.								
US MIAMI FL 33175						DO NOT WRITE IN THIS SPACE				
					3.	. Date Incorpo 08/20/199	rated or Qualifed	i 		
2. Principal P	lace of Business	2a. Mailing Address			4.	, FEI Number		·	Apr	plied For
21		26				65-035679	99			t Applicable
	#, etc	- Suite, Apt. #, etc		-		Certifcate of	Status Desired		\$8.75 A	
22		27							Fee Re	quired
City & Stat	e	City & State			6.	Election Can	npaign Financing	<sup>1</sup> 🗆	\$5.00	
23		28				Trust Fund C			Added to	o Fees
Zip	Country	Zip	Count	у	8	. This corpora	tion owes the cu	rrent year In	tangible	
24	25	29	10			Personal Pro				₽No
	g. Name and Address of Curren	t Registered Agent			10	Name and A	Address of New	Registered	Agent	
			8	1 Name						
POLI	LOCK, RICHARD C.		8	2 Street	Address (	P.O. Box Num	ber is Not Accep	table)		<del></del>
7700 NORTH KENDALL DRIVE			ا ا	• Olicer	, radi 000 (					
MIAMI FL 33156			8	3						
			.  _							
7. 34 5.	•		8	4 City				FL	85 Zip 0	~00e
agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the state			ent signature r		reinstating)	·	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/	CHANGES TO C	FFICERS A	ND DIRECTO	
TITLE	2	DELETE	1.1 TITLE		D	O	21.	_	Change	☐ Addition
NAME	PEREZ, DECORCHO M CEL		1.2 NAM		CARI	105 G.	Bodrigue 12 Avec. #	- /		
STREET ADORESS	1625-S.W. 122 AVE., # 4		1.3 STRE	ET ADDRESS	162	5 5.W. 16	DAVE. 7	4		
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-ZIP	Mil	ami FL				
TITLE	V	DELETE _	2.1 TITL						☐ Change	☐ Addition
NAME	GONZALEZ, PETER	-	2.2 NAM	E .	1	-	•	- ***	•	-
STREET ADDRESS	4005 0141 400 41/5 #4		2.3 STR	ET ADDRESS	;					
	MIAMI FL			-ST-ZIP						
CITY-ST-ZIP TITLE	T	☐ DELETÉ	3.1 TITL		1				Change	<ul> <li>Addition</li> </ul>
	REREZ, DECORCHO M CELES	TE	3.2 NAM	F	i					
NAME	ACCORD DAY AS TERM LINET 144		4	ET ADDRESS	. [					
STREET ADDRESS		<i>,</i>		-ST-ZIP						
CITY-ST-ZIP	MIAMI FL	☐ DELETE	4,1 TITL		1		-	<u>.                                    </u>	Change	Addition
TITLE									_ •	_
NAME			4. 2 NAN		.]					
STREET ADDRESS	<b>3</b>			ET ADDRESS	'					
CITY-ST-ZIP			4.4 CITY		<del> </del>				☐ Change	☐ Addition
TITLE	1	☐ DELETE	5.1 TITLE 5.2 NAM							
NAME										
STREET AROBESS	el .		5.3 STR	ET ADDRESS	) I					

CITY-ST-ZIP 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 chapted, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

Addition

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90144 046 \*\*\*150.00