

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **L46553** (8)

1. Corporation Name  
**CABARA, INC.**



Principal Place of Business Mailing Address  
**% BARRY A. NELSON**  
**19495 BISCAYNE BLVD., STE. 606**  
**N. MIAMI BCH. FL 33180**  
**US**

3. Date Incorporated or Qualified **01/31/1990**  
 3a. Date of Last Report **06/20/1995**

2. Principal Place of Business 2a. Mailing Address  
 21 **19495 Biscayne Blvd.** 26 **19495 Biscayne Blvd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Suite 609** 27 **Suite 609**  
 City & State City & State  
 23 **North Miami Bch., FL** 28 **North Miami Bch., FL**  
 Zip Country Zip Country  
 24 **33180** 25 **US** 29 **33180** 30 **US**

4. FEI Number **65-0194377** 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 has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**NELSON, BARRY A.**  
**19495 BISCAYNE BLVD.**  
**SUITE 606**  
**N. MIAMI BCH. FL 33180**

10. Name and Address of New Registered Agent  
 81 Name **Nelson, Barry A.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **19495 Biscayne Blvd.**  
 83 **Suite 609**  
 84 City **N. Miami Beach** FL 85 Zip Code **33180**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NELSON, BARRY A.	
STREET ADDRESS	19495 BISCAYNE BLVD., STE. 606	
CITY - ST - ZIP	N. MIAMI BCH. FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CARDIN, HOWARD	
STREET ADDRESS	10 EAST MULBERRY STREET	
CITY - ST - ZIP	BALTIMORE MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry A. Nelson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96

CR2E034 (3/96)