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

Mailing Address

2805 NORTH STATE ROAD 7

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M32610

1. Corporation Name

Principal Place of Business 2805 NORTH STATE ROAD 7

CARA JANA OF MIAMI, INC.

HOLLYWOOD FL 33021		HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE			
					3	. Date Incorporated or Qualife	d		
ĺ						05/23/1986	_		
2. Principal P	ace of Business	2a. Mailing Address			4	, FEI Number			Applied For
21		26				59-2693022			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				. Certifcate of Status Desired		+	Additional
22		27				. Certificate of Clates Desires		Fee	Required
City & State	9	City & State	~		6	. Election Campaign Financing	9		May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Counti	У	8	. This corporation owes the cu	ırrent year Inta		<i>⊶</i>
24	25 29 30			Personal Property Tax.					
	9. Name and Address of Current	Registered Agent	-	4 T). Name and Address of New	Registered A	\gent	
	IN CTARREY		8	1 Nan	ne				ļ
LEWIN, STANLEY 2805 NORTH STATE ROAD 7			8	82 Street Address (P.O. Box Number is Not Acceptable)					
	LYWOOD FL 33021			3	 -				
ļ		•	L	4 00				05 7:	p Code
{			8	4 City		•	FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-nam	ed corporation	on submits this statement for the	ne purpose of o	hanging	its registered
office or reasons. I a	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida: Such change was au ions of, Section 607.0505, Flor	uthorized b rida Statute	y the co is.	orporation's c	ooaro of directors. I nereby act	ept the appoin	ımeni as	registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·				*	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A 12. OFFICERS AND DIRECTORS 13.					ne required when	ADDITIONS/CHANGES TO C			TORS IN 12
12.	PD OFFICERS ANI	DELETE	1.1 TITLE			ADDITIONO/OFIANOLO TO C	ATT TO ESTO PART	Chang	
i . I	LEWIN, STANLEY		1.2 NAME					_	_
NAME	2805 NORTH STATE RD 7			ET ADDRE	:00				ļ
STREET ADDRESS	HOLLYWOOD FL		1,4 CITY-						
CITY-ST-ZIP	DP	☐ DELETE	2.1 TITLE					Chang	e
}	FEDERICK, SONDRA		2.2 NAME						_
NAME	2805 NORTH STATE ROAD 7			ET ADORÉ					ļ
STREET ADDRESS					:35				
CITY-ST-ZIP	HOLLYWOOD FL 33021	- DELETE	2.4 CITY					☐ Chang	e Addition
TITLE	• • • • • • • • • • • • • • • • • • • •	. Godene	3.1 IIILE						
NAME				ET ADDRE	:00				
STREET ADDRESS					-90				
CITY-ST-ZIP		□ DELETE	3.4. CITY 4.1 TITLE					☐ Chang	e Addition
			4.1 MILE						_ "
NAME		•	4			•			
STREET ADDRESS				ET ADDRE	-93				
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE					Chang	e Addition
TITLE		- OLLEIC	5.1 THE						
NAME ,			1	ET ADDRE	-ss				
STREET ADDRESS			5.4 CITY-						Į
CITY-ST-ZIP		DELETE	6.1 TITLE					Chang	e Addition
TITLE			0.1 11122		Ì			() Ough	, U,

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 chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

BALLO CUPLUTE REQUIRED SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.11.99

934 983050 F

FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90089 002 ***150.00

CR2E034 (11/98)