

DEBIT MEMORANDUM

 * FOR OFFICIAL USE *
 * DATE NUMBER *
 * * * * *

TO :
 DEPT. OF STATE

7.30.99 00376

N 99 00000 4029

STATE OF FLORIDA
 OFFICE OF STATE TREASURER
 TALLAHASSEE, FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	377.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	377.50	OTHER	4

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
012	45-20-2-130001-45300000-00-000100-00	4	8.75
012	45-20-2-130001-45300000-00-000100-00	3	70.00
012	45-20-2-130001-45300000-00-000100-00	3	70.00
012	45-20-2-130001-45300000-00-000100-00	1	78.75
012	45-20-2-130001-45300000-00-000100-00	4	150.00

GRAND TOTAL: \$ 377.50

00376 - D

99 AUG -3 PM 12:58
 RECEIVED
 BUREAU OF
 TRAINING, BUDGET AND
 FINANCIAL SERVICES

Process Date: 07/21/99

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson
 State Treasurer

CARIBBEAN AMERICAN CARNIVAL, INC.
210 174TH STREET
SUNNY ISLES BEACH, FL 33160

63-834/830
08

338

Pay to the

Order of SECRETARIES

6/28/99

SEVENTY FIVE DOLLARS

\$ 75.00

Dollars

EAGLE

Eagle National Insurance
Private Banking
701 Birchell Ave Suite 1250
Miami FL 33101

ATLANTA 4622

MIAMI 2373

2397

JUL 16 1999

15

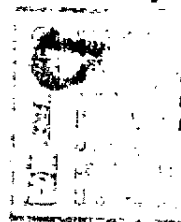
210680000492 0499999999999999 0338 20000000000000

GUARANTEE SAFETY BLUE INK

Treasurer

18m

Treasurer



066000109
010281622
010281622

07-09-99

RETS

066000109
~~050277058~~
050277058

07-07-99

C 6940252303 9937

NY 154

01670141

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-06/29/99-01046-002
20090687967 *6**48775

NY 154
066000109
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E 7040152630 9937 00 070999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 6, 1999

Miami Carnival, Inc.
18425 NW 2nd Avenue
Suite 335
Miami, FL 33169

SUBJECT: MIAMI CARNIVAL, INC.
Ref. Number: N99000004029

Debit Memo #: 00376-D

This is to inform you that your check #338 dated June 28, 1999 in the amount of \$78.75 and submitted for MIAMI CARNIVAL, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$93.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 899A00039993



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 10, 1999

Miami Carnival, Inc.
18425 NW 2nd Ave.
Suite 335
Miami, FL 33169

SUBJECT: MIAMI CARNIVAL, INC.
Ref. Number: N99000004029

Debit Memo #: 00376-D

Due to your failure to respond to our previous letter advising you of the returned check #338, the Articles of Incorporation for MIAMI CARNIVAL, INC. have been cancelled and are considered not filed as of September 10, 1999.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 499A00044854