

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91230 036 \*\*\*\*61.25

<b>DOCUMENT # N99000004029</b>					
1. Entity Name <b>MIAMI CARNIVAL, INC.</b>					
Principal Place of Business 18425 N.W. 2ND AVENUE, SUITE 335 MIAMI, FL 33169			Mailing Address 18425 N.W. 2ND AVENUE, SUITE 335 MIAMI, FL 33169		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0932385	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
D'ARCY, KATHRYN 2999 NE 191 STREET STE 901 AVENTURA, FL 33180			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			18425 NW 2nd Ave., #335		
			City MIAMI GARDENS FL		Zip Code 33169
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>K D Arcy</i>		KATHRYN D'ARCY, REG. AGENT		4/13/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAGOONAN, JOAN		NAME		
STREET ADDRESS	18715 N.W. 10TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, SELMAN		NAME		
STREET ADDRESS	18425 NW 2ND AVE., STE 335		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAM, RUTHVEN		NAME		
STREET ADDRESS	18425 N.W. 2ND AVENUE, SUITE 335		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, SYDNEY		NAME		
STREET ADDRESS	1035 NE 125 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DARCY, KATHRYN		NAME		
STREET ADDRESS	2999 NE 191 ST., #901		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAGOO, FRANCIS		NAME		
STREET ADDRESS	1130 N.E. 201 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Selman Lewis</i>		SELMAN LEWIS		4/13/04 305-	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	



04132004 Chg-NP CR2E037 (10/03)

ATTACHMENT 54051615 # N99000004029



## Miami Carnival, Inc.

18425 N.W. 2nd Avenue, Suite 335  
Miami, Florida 33169  
Ph: (305) 653-1877 ♦ Facsimile (305) 653-2433

April 12, 2004

Division Of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs,

Re: Miami Carnival Inc., #N99000004029

Further to the resignation received from Mr. Aldwyn Thomas, Director of Miami Carnival Inc., and a Resolution at a Board Meeting of April 5<sup>th</sup>, 2004, please remove the following name from the Board of Directors of Miami Carnival Inc. which is filed in Tallahassee:

Mr. Aldwyn Thomas, Director

There are presently eleven Directors, as follows:

Mr. Carl Assam  
Mrs. Kathryn D'Arcy  
Mr. Caryle DeCruise  
Mr. Selman Lewis  
Mr. Vincent Lila  
Mr. Raymond Luke  
Mr. Francis Rago  
Mrs. Joan Ragoonan  
Mr. Sidney Roberts  
Mr. Ruthven Williams  
Mr. Desmond Worrell

Sincerely,

A handwritten signature in black ink, appearing to read "K.D. Arcy".

Kathryn D'Arcy  
Corporate Secretary

cc: The Board of Directors, Miami Carnival Inc.

ATTACHMENT

54051615  
#N99000004029



## Miami Carnival, Inc.

18425 N.W. 2nd Avenue, Suite 335  
Miami, Florida 33169  
Ph: (305) 653-1877 ♦ Facsimile (305) 653-2433

April 12, 2004

Mr. Aldwyn C. Thomas  
1951 NW 85<sup>th</sup> Way  
Pembroke Pines, FL 33024

Dear Sir,

This will confirm receipt of your letter of resignation dated December 22, 2003.

At a meeting of the Board of Directors of Miami Carnival Inc. which was held on April 5<sup>th</sup>, 2004 the Directors read and accepted Article 3.7 of the Bylaws of the Corporation, which reads as follows:

### **Resignation.**

Any Director of the Corporation may resign at any time by giving written notice to the Board of Directors, the Chair or the Secretary of the Corporation. Such resignation shall take effect at the time specified therein, and unless otherwise specified thereon, the acceptance of such resignation shall not be necessary to make it effective.

This letter will confirm that The Board of Directors acknowledges receipt of your resignation and we further acknowledge that it became effective upon receipt. In addition, we wish to confirm that your name will be removed from the Articles of Incorporation in Tallahassee.

We thank for your service over the years and we wish you the best in the future. We will look forward to welcoming you, as our guest, at the 20<sup>th</sup> Anniversary Celebration on October 10<sup>th</sup>.

Sincerely,

A handwritten signature in black ink, appearing to read "K D'Arcy".

Kathryn D'Arcy  
Corporate Secretary

cc: The Board of Directors, Miami Carnival Inc.