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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K25346** **(3)**

1. Corporation Name

CARINTER MIAMI, INC.

Principal Place of Business	Mailing Address
7200 NW 19TH STREET SUTIE 304 MIAMI FL 33126 US	7200 NW 19TH STREET SUTIE 304 MIAMI FL 33126 US

2. Principal Place of Business	2a. Mailing Address
21 7200 N.W. 19TH STREET	26 7200 N.W. 19TH STREET
Suite, Apt. #, etc. 22 304	Suite, Apt. #, etc. 27 304
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33126 / 25 USA	Zip / Country 29 33126 / 30 USA

3. Date Incorporated or Qualified: **06/03/1988**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **65-0052638** ☐ 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

MALFELD, GARY D. ESQ
2600 DOUGLAS RD
SUITE 905
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSC KHOURY, WILLIAM ~~3715 HARLAND ST~~ ~~CORAL GABLES FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DSC KHOURY, WILLIAM 6870 S.W. 45TH LANE, #2 MIAMI, FL 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KHOURY, WILLIAM ~~3715 HARLNAD ST~~ ~~CORAL GABLES FL~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	T KHOURY, WILLIAM 6870 S.W. 45TH LANE, #2 MIAMI, FL 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC DEWIT, CARLOS ~~9625 S.W. 125 AVE~~ MIAMI FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	PDC DEWIT, CARLOS 7200 N.W. 19TH STREET, #304 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by this amendment with an address.

SIGNATURE: William J. Khoury KHOURY 4/1/96 (305)591-4384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)