

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 JUN 23 AM 8:35

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # P96000050659 (7)**  
 1. Corporation Name  
**CARNOTEL 941, INC.**



Principal Place of Business  
**230 WESTWARD DRIVE MIAMI SPRINGS FL 33130**

Mailing Address  
**230 WESTWARD DRIVE MIAMI SPRINGS FL 33166-5260**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**06/12/1996**

3a. Date of Last Report

4. FEE Number 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. 199.03?, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SILVERIO, MARK V  
 44 WEST FLAGLER STREET, STE. 2450  
 COURTHOUSE TOWER  
 MIAMI FL 33130**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	FERNANDEZ-GUZMAN, CARLOS	
STREET ADDRESS	230 WESTWARD DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33130	
TITLE	DV	<input type="checkbox"/>
NAME	FRIEWDMAN, ARNOLD	
STREET ADDRESS	230 WESTWARD DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33130	
TITLE	DS	<input type="checkbox"/>
NAME	VALDES FERNANDEZ, MARIA E	
STREET ADDRESS	230 WESTWARD DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33130	
TITLE	DT	<input type="checkbox"/>
NAME	WEINSTEIN, DOROTHY O	
STREET ADDRESS	230 WESTWARD DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33130	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

100002221961-1  
 -06/24/97--01099--024  
 \*\*\*\*165.00 \*\*\*\*165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual report, 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 or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked. Attachment with address.

SIGNATURE: \_\_\_\_\_ DATE: 4/2/97 305 893 4600

CR2E034 (9/96)