

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 355393

(0)

1. Corporation Name

BLACARO'S, INC.

Principal Place of Business

970 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140

Mailing Address

970 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

Country

24

25

County

29

Zip

30

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/17/1969

3a. Date of Last Report

04/03/1995

4. FEI Number

59-1277522

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

10. Name and Address of New Registered Agent

LAO, CARLOS
3383 NW 7 ST., SUITE-200
MIAMI FL 33125

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 607.0102 and 607.1505, 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, thereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

By _____, Secretary or Treasurer, or other authorized officer of the corporation.

By _____, Agent for purposes of this report.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
BLANCO, SABAS A.
1800 N.E. 177TH ST.
NO. MIAMI BEACH FL

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
BLANCO, MAYRA.
1800 N.E. 177TH ST.
NO. MIAMI BEACH FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is true, correct and does not qualify for the exemption stated in Section 119.07(3)(a), 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, or person in power to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 of this filing with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 (305) 531-4667

CR2E034 (12/95)