FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:19

DOCUMENT # **553617** **(2)**

1. Corporation Name

CAROLE'S WORLD, INC.

Principal Place of Business
10715 SW 190TH ST.
SUITE 16
MIAMI FL 33157
US

Mailing Address
13395 S.W. 200 STREET
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1977
3a. Date of Last Report: 07/15/1994

2. Principal Place of Business
21: 13984 SW 139 CT.
Suite, Apt. #, etc.
22:
City & State
23: Miami, FL
Zip
24: 22186
Country
25: Dade

2a. Mailing Address
26: 13984 S.W. 139 Ct.
Suite, Apt. #, etc.
27:
City & State
28: Miami, FL
Zip
29: 33186
Country
30: Dade

4. FEI Number: 59-1771929 ☐ 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. XX Yes ☐ No

9. Name and Address of Current Registered Agent

FINK, CAROLE
13395 SW 200 ST
MIAMI FL 33177

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 607.1508, 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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FINK, CAROLE
STREET ADDRESS	13395 S.W. 200 ST.
CITY ST ZIP	MIAMI, FL 33177
TITLE	VD
NAME	FINK, HOWARD C. J
STREET ADDRESS	13395 SW 20TH ST.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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 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 on an attachment with an address.

SIGNATURE: Carole Fink CAROLE FINK 2/21/95 305-256-0274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0184390 CP