

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F40691**

(0)

1. Corporation Name

CARLY OF MIAMI, INC.

Principal Place of Business

**C/O RICARDO RODRIGUEZ
1968 N.W. 7TH ST.
MIAMI FL 33125**

Mailing Address

**C/O RICARDO RODRIGUEZ
1968 N.W. 7TH ST.
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/17/1981

3a. Date of Last Report

03/01/1994

4. FEI Number

59-2140236

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, RICARDO

8843 EMERSON AVE. ---

SURFSIDE FL 33154 ----

81 Name

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

3325 Alton Road

83

84 City

Miami Beach

FL

85 Zip Code

33140

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

RODRIGUEZ, CARIDAD

STREET ADDRESS

8843 EMERSON AVE. ---

CITY - ST - ZIP

SURFSIDE FL ----

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

3325 Alton Road

1.4 CITY - ST - ZIP

Miami Beach, FL 33140

☒ Change ☐ Addition

TITLE

ST

NAME

RODRIGUEZ, LIANA

STREET ADDRESS

8843 EMERSON AVE. ---

CITY - ST - ZIP

SURFSIDE FL ----

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

3325 Alton Road

2.4 CITY - ST - ZIP

Miami Beach, FL 33125

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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(3)(k), 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:

Caridad Rodriguez

Caridad Rodriguez

4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #