

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Division of CORPORATIONS

1996 4-25-96 B-4473 C

DOCUMENT # F40691

(0)

1. Corporation Name

CARILY OF MIAMI, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

08/17/1981

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2140236

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, RICARDO
3325 ALTON RD.
MIAMI BCH FL 33140

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

Signature (Specify printed name of registered agent and their address)

(If the Registered Agent Signature is required check here)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
RODRIGUEZ, CARIDAD
3325 ALTON RD
MIAMI BCH FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
RODRIGUEZ, LIANA
3325 ALTON RD
MIAMI BCH FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

DATE

CR2E034 (12/95)