

FILE NOW: FILING FEE AFTER MAY 1ST IS \$ 50.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F40691** (0)
1. Corporation Name
CARILY 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1981	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2140236		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24	25	29		30	
9. Name and Address of Current Registered Agent RODRIGUEZ, RICARDO 3325 ALTON RD. MIAMI BCH FL 33140				10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
DP	RODRIGUEZ, CARIDAD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3325 ALTON RD		13 STREET ADDRESS	
MIAMI BCH FL		14 CITY-ST-ZIP	
ST	RODRIGUEZ, LIANA	21 TITLE	22 NAME
3325 ALTON RD		23 STREET ADDRESS	
MIAMI BCH FL		24 CITY-ST-ZIP	
		31 TITLE	32 NAME
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE	42 NAME
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	52 NAME
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	62 NAME
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* SIGNATURE REQUIRED CaridadRodriguez - President 4/28/98

CR2E034 (10/97)