

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98512 (9)**

1. Corporation Name
CARLES, INC.



Principal Place of Business
**8000 NW 31 ST #13
MIAMI FL 33122**

Mailing Address
**8000 NW 31 ST #13
MIAMI FL 33122**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
24. Country	30. Country

3. Date Incorporated or Qualified 09/07/1982	3a. Date of Last Report 04/27/1995
4. FEI Number 59-2223022	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARLES, RICARDO
13480 S. W. 89 TERRACE
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81. Name CARLES, ALAIN
82. Street Address (P.O. Box Number is Not Acceptable) 1410 S.W. 159th AVENUE
83. City PEMBROKE PINES
84. State FL
85. Zip Code 33027

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 **ALAIN CARLES**

Alain Carles

2/5/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	CARLES, RICARDO		1.2 NAME
STREET ADDRESS	13480 S.W. 89TH TR.		1.3 STREET ADDRESS
CITY, ST., ZIP	MIAMI FL		1.4 CITY-ST-ZIP
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	CARLES, IRELA		2.2 NAME
STREET ADDRESS	13480 S.W. 89TH TR.		2.3 STREET ADDRESS
CITY, ST., ZIP	MIAMI FL		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY, ST., ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY, ST., ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY, ST., ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY, ST., ZIP			6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 in an attachment, with my address.

SIGNATURE: *Alain Carles* **CARLES, ALAIN** **2/5/96** **(305) 594-0006**

CR2E034 (12/95)