


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K23879 (5)					
1. Corporation Name CARENIS CORPORATION					
Principal Place of Business 100 SE 2ND STREET 17TH FLOOR MIAMI FL 33131 US			Mailing Address 100 SE 2ND STREET 17TH FLOOR MIAMI FL 33131 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1988		3a. Date of Last Report 01/31/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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 WARNER, JONATHAN H 175 N.W. 1ST AVE. 11TH FLOOR MIAMI FL 33128				10. Name and Address of New Registered Agent			
				81 Name ALTMAN, STUART H.			
				82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET			
				83 17TH FLOOR			
				84 City MIAMI			
				FL 85 Zip Code 33131			

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 *Stuart H. Altman* STUART H. ALTMAN 6/10/96  
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 NAME STREET ADDRESS CITY - ST - ZIP		DP BANICK, RICHARD S. 100 SE 2ND STREET 17TH FLOOR MIAMI FL <input checked="" type="checkbox"/> DELETE		11 TITLE NAME STREET ADDRESS CITY - ST - ZIP		D KNIGHT, CHRISTOPHER E. 100 SE 2ND STREET, 17TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D STRICKROOT, JOHN C. 100 SE 2ND STREET 17TH FLOOR MIAMI FL <input type="checkbox"/> DELETE		21 TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP STRICKROOT, JOHN C. 100 SE 2ND STREET 17TH FLOOR MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		SD WARNER, JONATHAN H 100 SE 2ND STREET 17TH FLOOR MIAMI FL <input checked="" type="checkbox"/> DELETE		31 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DT DELEO, CHARLES G 100 SE 2ND STREET 17TH FLOOR MIAMI FL <input type="checkbox"/> DELETE		41 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D ALTMAN, STUART H. 100 SE 2ND STREET 17TH FLOOR MIAMI FL <input type="checkbox"/> DELETE		51 TITLE NAME STREET ADDRESS CITY - ST - ZIP		SD ALTMAN, STUART H. 100 SE 2ND STREET, 17TH FLOOR MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VD KELLEY, ALLAN R. 100 SE 2ND STREET 17TH FLOOR MIAMI FL <input type="checkbox"/> DELETE		61 TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD KELLEY, ALLAN R. 100 SE 2ND STREET 17TH FLOOR MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 119.073(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stuart H. Altman* 6/6/96 (305) 789-9200  
Signature typed or printed name of signing officer or director Date Day, the Florida

CR2E034 (3/96)