

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K25346 (3)

1. Corporation Name

CARINTER MIAMI, INC.

Principal Place of Business

**7200 NW 19TH STREET
SUITE 304
MIAMI FL 33126
US**

Mailing Address

**7200 NW 19TH STREET
SUITE 304
MIAMI FL 33126
US**



2. Principal Place of Business

2a. Mailing Address

21 7200 N.W. 19TH STREET

26 7200 N.W. 19TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 304

27 304

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

24 33126

25 USA

29 33126

30 USA

9. Name and Address of Current Registered Agent

**MALFELD, GARY D. ESQ
2600 DOUGLAS RD
SUITE 905
CORAL GABLES FL 33134**

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 607.04(2) and 607.1503, 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 607.04(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DSC	☐ DELETE
NAME	KHOURY, WILLIAM	
STREET ADDRESS	3715 HARLAND ST	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE	1	☐ DELETE
NAME	KHOURY, WILLIAM	
STREET ADDRESS	3715 HARLAND ST	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE	PDC	☐ DELETE
NAME	DEWIT, CARLOS	
STREET ADDRESS	9625 S.W. 125 AVE	
CITY, ST, ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE	DSC	☒ Change ☐ Addition
2. NAME	KHOURY, WILLIAM	
3. STREET ADDRESS	6870 S.W. 45TH LANE, #2	
4. CITY, ST, ZIP	MIAMI, FL 33155	☒ Change ☐ Addition
5. TITLE	KHOURY, WILLIAM	
6. NAME	6870 S.W. 45TH LANE, #2	
7. STREET ADDRESS	MIAMI, FL 33155	
8. CITY, ST, ZIP		☒ Change ☐ Addition
9. TITLE	PDC	
10. NAME	DEWIT, CARLOS	
11. STREET ADDRESS	7200 N.W. 19TH STREET, #304	
12. CITY, ST, ZIP	MIAMI, FL 33126	☐ Change ☐ Addition
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information indicated on this form 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 member of the corporation or the registered or trusted employee 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 addition to the current information.

SIGNATURE: William J. Khoury KHOURY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (305) 591-4384
DATE TELEPHONE

CR2E034 (12/95)