

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K27409 (7)

1. Corporation Name

CARANDA LAND, INC.



Principal Place of Business

1428 BRICKELL AVE
STE 105
MIAMI FL 33131
US

Mailing Address

1428 BRICKELL AVE
STE 105
MIAMI FL 33131
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HALPRYN ERNEST M
1428 BRICKELL AVE, STE 105
MIAMI FL 33131

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 607.002 and 607.004, 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 607.004, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Agent (Print Name and Title)

Date

12.

OFFICERS AND DIRECTORS

TITLE

AS

☐ DELETE

NAME

WEISBERG, ALAN JAY

STREET ADDRESS

1428 BRICKELL AVE. #105

CITY, ST, ZIP

MIAMI FL

TITLE

PD

☐ DELETE

NAME

HALPRYN, ERNEST M.

STREET ADDRESS

1428 BRICKELL AVE, STE 105

CITY, ST, ZIP

MIAMI FL

TITLE

VPD

☐ DELETE

NAME

DEVACCHI, JOHN

STREET ADDRESS

1428 BRICKELL AVE., #105

CITY, ST, ZIP

MIAMI FL

TITLE

STD

☐ DELETE

NAME

LABIANCA, PHILIP

STREET ADDRESS

1428 BRICKELL AVE., #105

CITY, ST, ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this form is true, correct and does not omit, for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this form is true and correct or supplemental information 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

ERNEST M. HALPRYN PRESIDENT

PRESIDENT

3/19/96

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