

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K53054** (8)

1. Corporation Name

CARBUCENTER, INC.



Principal Place of Business

% IDALBERTO HERMIDA
3701 N.W. 81ST ST
MIAMI FL 33147

Mailing Address

% IDALBERTO HERMIDA
3701 N.W. 81ST ST
MIAMI FL 33147

3. Date Incorporated or Qualified

12/14/1988

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

21 **3702 N.W. 82nd ST**

2a. Mailing Address

26 **3702 N.W. 82nd ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

Zip

24 **33147**

Country

25 **DADE**

Zip

29 **33147**

Country

30 **DADE**

4. FEI Number

65-0085892

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HERMIDA, IDALBERTO
3701 N.W. 81ST ST
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3702 N.W. 82nd ST

83

MIAMI, FL. 33147

84

City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **HERMIDA, IDALBERTO**
STREET ADDRESS **3701 NW 81ST ST**
CITY- ST- ZIP **MIAMI FL**

TITLE **ST** ☐ DELETE

NAME **HERMIDA, ZORAIDA**
STREET ADDRESS **3701 NW 81ST ST**
CITY- ST- ZIP **MIAMI FL**

☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

**3702 NW 82nd ST
MIAMI, FL. 33147**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

**3702 NW 82nd ST
MIAMI, FL. 33147**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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, upon an attachment with an address.

SIGNATURE:

PRESIDENT

4/17/96

(305) 696-3711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)