

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

FILED  
Apr 23 1996 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L43060** (7)  
1. Corporation Name  
**LICARLO CORPORATION**

Principal Place of Business <b>2740 E OAKLAND PARK BLVD STE 202 FT LAUDERDALE FL 33306 US</b>	Mailing Address <b>2740 E OAKLAND PARK BLVD STE 202 FT LAUDERDALE FL 33306 US</b>
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3. Date Incorporated or Qualified <b>01/11/1990</b>	3a. Date of Last Report <b>04/07/1995</b>
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2. Principal Place of Business 21 <b>1650 NW 23 AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>FT. LAUDERDALE FL</b> Zip 24 <b>33311</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>1650 NW 23 AVE</b> Suite/Apt. #, etc. 27 City & State 28 <b>FT. LAUDERDALE FL</b> Zip 29 <b>33311</b> Country 30 <b>US</b>
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4. FEI Number <b>65-0169147</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEINER, EUGENE  
2841 N OCEAN BLVD  
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINER, EUGENE</b>	1.2 NAME	
STREET ADDRESS	<b>2841 N OCEAN BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSTANT, MABLE</b>	2.2 NAME	
STREET ADDRESS	<b>2841 N OCEAN BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)