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 # **L58157** **(3)**

1. Corporation Name
ALYSSA CARR, INC.

Principal Place of Business
13290 NORTHWEST 45TH AVENUE
OPA LOCKA FL 33054

Mailing Address
13290 NORTHWEST 45TH AVENUE
OPA LOCKA FL 33054

3. Date Incorporated or Qualified: **03/19/1990**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0189623** ☐ 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

STRIAR, MICHAEL P.
4601 SHERIDAN STREET, SUITE 208
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 607.0502 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 of new registered agent, if changed) (NOTE: Registered Agent signature required by Florida Law) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P ☒ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	MOORE, MICHAEL T.	2 NAME	
STREET ADDRESS	13290 NORTHWEST 45TH AVE	3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	4 CITY-ST-ZIP	
TYPE	ST ☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	WOHLMAN, RITA	2 2 NAME	
STREET ADDRESS	13290 NORTHWEST 45TH AVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	2 4 CITY-ST-ZIP	
TYPE	☐ DELETE	3 1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME		3 2 NAME	RICHARD KARRON
STREET ADDRESS		3 3 STREET ADDRESS	13290 NW 45 AVE
CITY-ST-ZIP		3 4 CITY-ST-ZIP	OPA LOCKA FL 33054
TYPE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TYPE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TYPE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), 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: Rita Wohlman 1/30/96 305 687-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #