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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L70760 (8)

1. Corporation Name  
CRA - CLARKE, INC.

Principal Place of Business

7400 N KENDAL DRIVE  
SUITE 419  
MIAMI FL 33313

Mailing Address

7400 N KENDAL DRIVE  
SUITE 419  
MIAMI FL 33156-7720



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 SUITE C12

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 SUITE C12

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/03/1990

3a. Date of Last Report

04/17/1996

4. FEI Number

65-0193160

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

REIFF, ANDREW L. P.A.  
112 EAST CONCORD STREET  
ORLANDO FL 32801

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, typed or printed name of registered agent and title of applicant.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GANDARILLAS, FERNANDO  
STREET ADDRESS 838 W. 64TH ST.  
CITY- ST- ZIP HIALEAH FL

TITLE D ☒ DELETE  
NAME JAQUITH, EDWIN K.  
STREET ADDRESS 276 NW 50TH PLACE  
CITY- ST- ZIP BOCA RATON FL

TITLE D ☐ DELETE  
NAME REIFF, JOSEPH G.  
STREET ADDRESS 19701 NE 21 ST.  
CITY- ST- ZIP MIAMI FL

TITLE D ☒ DELETE  
NAME SPELMAN, EDWARD A.  
STREET ADDRESS 534 SW 11TH AVE  
CITY- ST- ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE  
NAME CLARKE, LUNDY  
STREET ADDRESS 7700 PONCE DE LEON RD.  
CITY- ST- ZIP MIAMI FL

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

(955) 670-0290

CR2E034 (9/96)