

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PH 1:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L95317 (8)

1. Corporation Name
CAROLYN TRADING, INC.

Principal Place of Business
**1649 NW 36 ST.
MIAMI FL 33142
US**

Mailing Address
**1291 SW 27TH AVE
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21

2a. Mailing Address
26 6500 N. POWERLINE RD.

3. Date Incorporated or Qualified
08/23/1990

3a. Date of Last Report
01/28/1994

4. FEI Number
65-0230272

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 FT. LAUDERDALE, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24 33309

Country
25 U.S.A.

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOROTA, ALAN M.
290 NW 165TH STREET
290 N.W. 169TH STREET
MIAMI FL 33169**

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 if applicable)

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V**
NAME **LEVENTHAL, AARON**
STREET ADDRESS **1291 SW 27TH AVENUE**
CITY - ST - ZIP **POMPANO, FL**

1.1 TITLE Change Addition
1.2 NAME **SAME**
1.3 STREET ADDRESS **6500 N. POWERLINE RD.**
1.4 CITY - ST - ZIP **FT. LAUDERDALE, FL 33309**

TITLE **S**
NAME **LEVENTHAL, JERRY**
STREET ADDRESS **2614 NE 10TH STREET**
CITY - ST - ZIP **HALLANDALE BCH FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **PD**
NAME **LEVENTHAL, INA**
STREET ADDRESS **4747 NW 87TH LANE**
CITY - ST - ZIP **CORAL SPRINGS FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 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: *INA Leventhal* **INA LEVENTHAL 4/10/95 (305) 928-0818**