

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

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AND
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95 MAY -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Tallahassee, FL 32399-0400

DOCUMENT # **M00245** (4)
1. Corporation Name
CARI CORPORATION

Principal Office of Business: **7050 S.W. 8TH STREET MIAMI FL 33144-4650**
Mailing Address: **7050 S.W. 8TH STREET MIAMI FL 33144-4650**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Reincorporation): 05/04/1984	3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2435825	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Entered: <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions: <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation is incorporated under the laws of the State of Florida: Florida Statute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Business: 21. State: FL	2a. Mailing Address: 26. State: FL
22. City: MIAMI	27. City: MIAMI
23. County: MIAMI	28. County: MIAMI
24. Zip: 33144	29. Zip: 33144
25. Zip: 33144	30. Zip: 33144

9. Name and Address of Current Registered Agent
**BLANCO, CARIDAD
1320 S.W. 72 CT.
MIAMI FL 33174**

10. Name and Address of New Registered Agent

B1. Title:	
B2. Street Address (if O. Box Number is Not Acceptable):	
B3. City:	
B4. State:	FL
B5. Zip Code:	

11. Pursuant to the provisions of Sections 220.01 and 220.02, F.S., Florida Statutes, the undersigned hereby certifies that the information contained in this statement for the purpose of changing its registered office or registered agent is true 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 aware of and accept the obligations of the law relating to Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	PD BLANCO, CARIDAD 1320 SW 72 CT MIAMI FL
OFFICER	S BLANCO, ENRIQUETA 1320 SW 72 CT MIAMI FL
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS, ETC.

NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
ADDRESS	
NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
ADDRESS	
NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
ADDRESS	
NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
ADDRESS	
NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
ADDRESS	
NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is complete, accurate, and does not apply for the exemption of filing as has been provided by Florida Statutes. I further certify that the information included in this annual report or supplementary annual report is true and accurate, and that the corporation shall file the same report for all succeeding years. I understand that any person who provides false information in this report is subject to criminal and civil penalties. I understand that any person who provides false information in this report is subject to criminal and civil penalties. I understand that any person who provides false information in this report is subject to criminal and civil penalties.

SIGNATURE: *S. Blanco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 227-2-120