

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 # M09717 (3)

1. Corporation Name

CARI'S OF MIAMI, INC.



Principal Place of Business

Mailing Address

550 SE 13TH STREET
SUITE 106
DANIA FL 33004
US

550 SE 13TH STREET
SUITE 106
DANIA FL 33004
US

3. Date Incorporated or Qualified

01/08/1985

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 2109 GULF OF MEXICO DR

26 2109 GULF OF MEXICO DR

4. FEI Number

59-2516903

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1102

27 #1102

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 LONGBOAT KEY, FLORIDA

28 LONGBOAT KEY, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34228

25

29 34228

30

8. 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

CESHKER, GEORGE J.
550 SE 13TH STREET
SUITE 106
DANIA FL 33004

81 Name

CESHKER, GEORGE J.

82 Street Address (P.O. Box Number is Not Acceptable)

2109 GULF OF MEXICO DR

83

#1102

84 City

LONGBOAT KEY

FL

85

Zip Code
34228

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME CESHKER, GEORGE J.
STREET ADDRESS 550 SE 13TH STREET, SUITE 106
CITY-ST-ZIP DANIA FL

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME CESHKER, GEORGE J
1.3 STREET ADDRESS 2109 GULF OF MEXICO DR #1102
1.4 CITY-ST-ZIP LONGBOAT KEY, FLORIDA 34228

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-96

941-383-3981

CR2E034 (12/95)