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FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **M12273** (2)  
1. Corporation Name  
**CARISAM INTERNATIONAL CORP.**



Principal Place of Business

6691 BAYMEADOW DRIVE  
GLEN BURNIE MD 21060  
US

Mailing Address

6691 BAYMEADOW DRIVE  
GLEN BURNIE MD 21060  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/07/1985

4. FEI Number

59-2502723

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **HOWIE, JEROME A.**  
STREET ADDRESS **5070 NW 83RD DORAL PL**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE  
NAME **ALARD, ENRIQUE S.**  
STREET ADDRESS **12862 S.W. 115TH TERR.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☒ DELETE  
NAME **BERSTEIN, DAVID**  
STREET ADDRESS **2403 STILL FOREST ROAD**  
CITY-ST-ZIP **BALTO MD 21208**

TITLE **VPD** ☐ DELETE  
NAME **CARFORA, ALFRED**  
STREET ADDRESS **23 RIDGEWOOD DRIVE**  
CITY-ST-ZIP **WEST READING CT**

TITLE **VSTD** ☒ DELETE  
NAME **EGAN, GERALD**  
STREET ADDRESS **6 FENCE CREEK DR.**  
CITY-ST-ZIP **MADISON CT 06443**

TITLE **VPAS** ☐ DELETE  
NAME **WEITZ, ROBERT T.**  
STREET ADDRESS **6 WEST SPRING WAY**  
CITY-ST-ZIP **LUTHERVILLE MD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **V** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **V D** ☐ Change ☒ Addition  
3.2 NAME **JOHN EDMONDSON**  
3.3 STREET ADDRESS **17 EQUESTRIAN RIDGE RD**  
3.4 CITY-ST-ZIP **NEWTOWN, CT 06470**

4.1 TITLE **V D** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **V T** ☐ Change ☒ Addition  
5.2 NAME **KENNETH HINKLE II**  
5.3 STREET ADDRESS **161 OAK HILLS DR**  
5.4 CITY-ST-ZIP **HANOVER, PA 17331**

6.1 TITLE **V** ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 **KENNETH HINKLE II**

4/12/98

4/12-262-1416

CR2E034 (10/97)