FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE: X



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M16761

(2)

CARTE	R EXOTICS, INC.				
Principal Place of Business 6720 162ND PLACE SOUTH DELRAY BEACH FL 33446 USA		Mailing Address CO GRUBER AND ASSOCIATES (A) 1650 SOUTHEAST 17TH STREET. 301 ED AUDERDALE FL 33316-1735			
		00/1		3. Date Incorporated or Qualified 06/14/1985	3a. Date of Last Report 05/01/1996
· ·	Place of Business	2a. Mailing Address	- A las 01	4. FEI Number	Applied For
Suite, Apt	#. etc	26 COGRUBER AN Suite, Apt. #, etc.		65-0102599	Not Applicable \$8.75 Additional
22		27	Suite 30 /	5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 FORT	Country	Trust Fund Contribution	Added to Fees
24	25 () 25		A20, 100	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☑ Yes ☐ No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Re	
GRUBER, RICHARD C. ROSE, C. PAVID 81 MARCHARD				ROSERD AVIZ	
1650 SOUTHEAST 17TH STREET, SUITE 301 82 Street Address				ess (P.O. Box Number is Not Acceptal	ole) D
FORT LAUDERDALE FL 33316 - 17 35			DEK ANY MUJOCIATES	7 777	
			1650 J	butherut 1/16 There	T, SUITE 30)
			FORT L	auperpale	FL 33/6-1735
11. Pursuant office or	to the provisions of Sections 607 050 registered agent, or both in the State	2 and 607,1508. Florida Statute of Florida. Such change was a	es, the above-named corp authorized by the corporat	oration submits this statement for the pion's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered
	am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes.	VID POCE	1597
SIGNATURE	Signarize 1g up or princed harm of registered age	int and title in applicable (NOTE	E: Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP Rose, C. David	☐ DELETE	1 1 THTLE		Change Addition
NAME STREET ADDRESS	6548 SERENA LANE		1.2 NAME 1.3 STREET ADDRESS		_
CITY - S1 - ZIP	BOCA RATON FL		1.4 City ST-ZIP		22423
TITLE	STD		7.74.1		23772
NAME	ROSE, VICTORIA L.	DELETE	2 1 TITL		Change
STREET ADDRESS		DELETE	21 TITL 22 NAME	The state of the s	Change Addition
·	6548 SERENA LANE	☐ DELETE			Change Addition
CITY - ST - ZIP		_	22 NAN / 23 STR ET ADDRESS 2 4 C/ ST-ZIP		33/V33
CITY - ST - ZIP TITLE NAME	6548 SERENA LANE	DELETE	22 NAAF 23 STP ET ADDRESS 2 4 CF - ST- ZIP) + TIT		Change Addition
TITLE	6548 SERENA LANE	_	22 NAN / 23 STR ET ADDRESS 2 4 C/ ST-ZIP		33/033
TITLE NAME	6548 SERENA LANE	_	22 NANE 23 STR ET ADDRESS 2 4 CF ST-ZIP 3 TIT 3 2 NA		33/033
TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE	6548 SERENA LANE	_	22 NAN 23 STP ET ADDRESS 2 4 CT ST-ZIP 1 TIT 32 NA 33 ST ST ADDRESS		33/V33
THE NAME STREEL ADDRESS CITY-ST-ZIP THE NAME	6548 SERENA LANE	DELETE	2 2 NAN 2 3 STP ET ADDRESS 2 4 C/2 - ST- ZIP 3 1 TIT 3 2 NA 3 3 ST		33 × 3 3
THE NAME STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS	6548 SERENA LANE	DELETE	22 NAA 23 STP ET ADDRESS 2 4 C7 - ST-ZIP 3 + TIT 32 NA 33 ST - T ADDRESS 34 C - ST-ZIP 4 1 TI 4 2 N 4 3 S - T ADDRESS		33 × 3 3
THE NAME STREEL ADDRESS CITY-ST-ZIP THE NAME	6548 SERENA LANE	DELETE	2 2 NAN 2 3 STP ET ADDRESS 2 4 C/2 - ST- ZIP 3 1 TIT 3 2 NA 3 3 ST		33 23 3 Change Addition
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THE NAME STREEL ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP COMME STREET ADDRESS CITY-ST-ZIP	6548 SERENA LANE	DELETE DELETE	22 NAA 23 SIP ET ADDRESS 2 4 C7 - ST- ZIP 1 TIT 32 NA 33 ST 1 I ADDRESS 34 C ST- ZIP 41 TI 4 2 P 43 S, T ADDRESS 44 C1 ST- ZIP 51 TIT 52 NA 53 STP CT ADDRESS 54 CIT - ST- ZIP		33 23 3 Addition Change
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14. If 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 Brock 12 or Block 13 if changed, or on an attachment with an address.