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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(7)

DOCUMENT # 1. Corporation Name

CARAMA-WOOL CORPORATION

CAHAMA-	WUUL CURPURATION							
Principal Place of Business Mailing Address								
13950 NW 8ST Sunrise FL 33325 US		SUMPISE FL	13950 NW 8ST Sunrise FL 33325 US					
		05			3. Date Incorporated or Qualified 02/04/1986 3a. Date of Last Report 05/01/1995			
2. Principal Place of Business		2a. Mailing Ad-	dress		4. FEI Number 59-2647381	Applied For Not Applicable		
Suite, Apt. #, el	tc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Stat	0		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip 24	Country 25	Ζιρ 29	30 Co	ountry	1	s No		
	Name and Address of Curr	ent Registered Ager	nt	81 Name	10. Name and Address of New	Registered Agent		
DALE JR, CHARLES S 414 NE 4TH ST				82 Street	ible)			
***	RDALE FL 33301		84		u.te 301	FL 85 Zip Code		
a constant	he provisions of Sections 607.05 agent, or both, in the State of Flo and accept the obligations of, Se	anda. Sien chande w	as automized by or	pove named of e corporation's	corporation submits this statement for the p s board of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am		
SIGNATURE	narine ityped or printed name of highstere tia,	ka ti kadi disi di Busancabile	NOTE Regula	ned Ajort signation	requies who crountsing	[)A ^T F		
12.		NO DIRECTORS	13	3.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 12 Change Addition		
TITLE	D		DELETE 1	1 TOTALE		Change Addition		
NAME	WOOL, CARL		12	NAME				
STREET ADDRESS	1321 NE 12TH AVE		1.3	STREET ADDRESS				
City-ST-ZiP	ft. Lauderdale fl		1.	4 CiTY - ST - ZiP		☐ Channe ☐ Addition		
+-		F-7	DC: FFF		t .	I I Linange I I Assilion		

SIGNATURE	ignature, typed or printed name of rigisters, traject, and bor dusor ab-	A CACTE BA	gratered Agint Enginetion (for	pries who crombaling DA1		
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	☐ DELETE	1 1 DILE		Change	Addition
NAME	WOOL, CARL		1.2 NAME			
STREET ADDRESS	1321 NE 12TH AVE		1.3 STREET ADDRESS			
City - ST - ZiP	FT. LAUDERDALE FL		1.4 CiTY-ST-ZiP			
TITLE	VD	☐ DELETE	2 1 TGUE		Change	☐ Addition
NAME	WOOL, RANDY		2.2 NAME			
STREET ADDRESS	1321 NE 12TH AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY - ST. ZIP			
TITLE	PD	DELETE	3 1 11/LF		Change	Addition
NAME	LOPATIN, MARC		3 2 NAME			
STREET ADDRESS	1321 NE 12TH AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		3 4 CITY - ST - ZIF			
TITLE	ST	DELETE	4 1 TITLE		Change	☐ Addition
NAME	LOPATIN, SUSAN		4.2 NAME			
STREET ADDRESS	1321 NE 12 AVE		4.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		4.4.0(1) - \$1 - Z(P			
TITLE		DELETE	5 1 T.TLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY - ST - ZIP			5 4 CITY - SI - ZIP			
TITLE		DELETE	6 1 THEF		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6 4 CITY - ST- ZIP	I for the exercising stated in Section 110 07/3/6	Charleto Charle	too I further

14. Ido 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 certify 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 managed, or on an attack ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-846.8578