

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

AND
FILED

55 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M39498

(4)

1. Corporation Name

CAROL SHOP CORPORATION

Principal Place of Business

124 S.E. 1ST ST.
MIAMI FL 33131

Mailing Address

124 S.E. 1ST ST.
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1986

3a. Date of Last Report

10/10/1994

4. FCI Number

59-2725901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite Apt # etc

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite Apt # etc

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MOURA, ANTONIO
124 S.E. 1ST ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address IP 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 of person submitting this statement is required for all corporations)

(Signature of person submitting this statement is required for all corporations)

(Signature of person submitting this statement is required for all corporations)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PS
MOURA, ANTONIO
650 OCEAN DR., #50
KEY BISCAYNE FL

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VTD
MATAILET, PATRICE
124 SE 1ST STREET
MIAMI FL

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(4)(a), Florida Statutes. I further certify that the information indicated on this annual report or on any subsequent annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a person or persons 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

305-372-1372